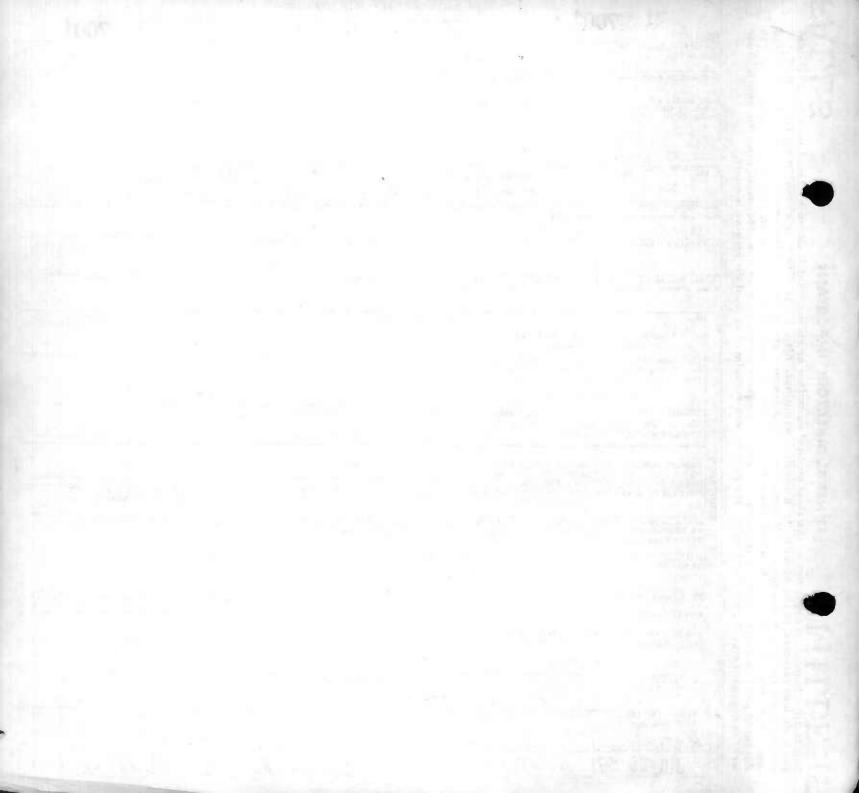
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and hour ond from the causes stated above. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE  Alterding Med. Director Phys.  23B. DATE SIGNED  7/2// Phys.  23C. PHYSICIAN'S NAME (Type)  CHUSNOTA (HUSNOTE)  CHUSNOTA CHUSNOTA Sequence Sequence HOSD	and hour ond from the causes stated above. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE  Attending Med. Director Phys.  23C. PHYSICIANS NAME (Type)  CHUNG JA  CHUNG DEGREE SOUTH Baltmore General Hosp.  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  Buiting John Jahne of REGISTRE  25C. FUNERAL DIRECTOR  ADDRESS		22. I certify that (i) (this hospital) atte	nded the deceased from	19 71	10 7/21 1971
23A. SIGNATURE  Aung  M.D. Attending Director Director Physic 7/21/11  23C. PHYSICIAN'S NAME (Type)  CHUSNO TA CHUSNO C. H. PROTIMERS GENERAL HOSP	23A. SIGNATURE  Attending   Med.   Stoff   7/2  / 7		that (i) (we) last sow the deceased all	re on 7/2	19 7 and that In (my	) (our) opinion death occurred on the dat
Chang M.D. Attending Director Director Phys. 7/21/1	Chang M.D. Attending Med. Director Physics 7/2/1/21  23C. PHYSICIAN'S NAME (Type)  CHUNG DEGREE South Baltmore General Hosp.  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  Builtin L. 1-26-7/ Hyperfield Cem Green Location (City, town, or county)  25A. DATE RECORD BY HEALTH DEPT. [25B. NAME OF REGISTRAR [25C. FUNERAL DIRECTOR ADDRESS]		and hour and from the causes stated ab	ove. (i) (We) (did) (did not) v	lew the body after death.	
23C. PHYSICIANS NAME (Type)  CHING TA CHING C. H. BOTTMORE GENERAL HOSP	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION  (City, town, or county)  (Stole)  Buiting L  1-26-71  Agreefuld Cem  25C. FUNERAL DIRECTOR  ADDRESS  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR  ADDRESS  ADDRESS			M.D. AHO	nding Med. Staff	23 B. DATE SIGNED
CHING TA CHING C. 4. Boltmore General Hosp	CHUNG JA CHUNG DEGREE SOUTH BOLTMORE GENERAL HOSP.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)  Buitin L 1-26-11 Annifold Cem Green Library 25A. DATE REC'D BY HEALTH DEPT. [25B. NAME OF REGISTRAR [25C. FUNERAL DIRECTOR ADDRESS]		23C.PHYSICIAN'S	DEGREE		112/11
	Buttin L 1-26-11 Animfield Cem Greenfield Ohio 25A. DATE REC'D BY HEALTH DEPT. [25B. NAME OF REGISTRAR [25C. FUNERAL DIRECTOR ADDRESS]		CHUNG JA			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS	24A	REMOVAL (Specify) 248. DATE	24C. NAME OF CEMETERY OF CR	MATORY 24D. LOCATION	(City, town, or county) (Stote)
PURITY OF THE PROPERTY OF THE		25	BuriaL 7-26-71	Greenfield		infield Uhio
	ALL SIL ENTE USACIONES PERMISSIONES PERMISSI	ZSA			25C. FUNERAL DIRECTOR	ADDRESS /
III ZD EN Valley The Land I a land a land the	VS 150-REV. 1/1/6B	6	1111 26 1971 (1686 BE	Jackey M.D	20000	a Introduced 1.



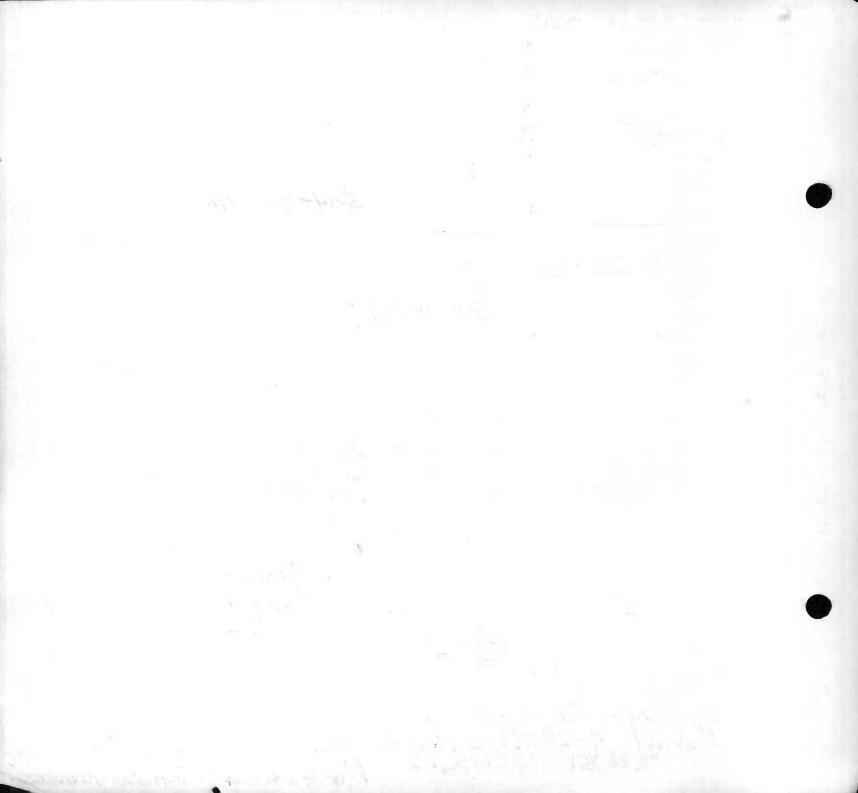
IMPORTAN

**DIRECTOR:** 

FUNERAL

FUNERAL DIRECTOR: IMPORTANT

	H-260 BALTIMORE CI	TY HEALTH DEPARTME	NT	F14 W000				
BI	RITH NO. 71 7003 HOOKER CERTIFIC	ATE OF DEAT	TH REG. NO	71 7003				
1,	NAME OF DECEASED  ype or Printl		TE AND HOUR OF DEATH					
	Lobert Hook	er	7123 7	1 10:37 Am				
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived If i	institution: residence before admission)				
FI H IN	JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN	CITY	SIDE CITY LIMITS?				
i,	mary and General	CT	17	YES NO				
	Hospine	E. STREET AND NUM		st. 17				
	6. RACE WIDOWED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdop	If Under 1 Yt. If Under 24 His. Months Doys Hours Min.				
do	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY				
12	Pleusus Helper Minse	4 0	0.	NCD				
13	FATHER'S NAME	4. MOTHER'S MAIDE						
16	William Hooker	Fannie K	enney					
(Ye	Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL  SECURITY NO.	17. INFORMANT		ADDRESS				
_	No 217-07-660		u					
	18. 4 3 / 0 1 CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	I tredit follote, osinento, etc. Il meons the diseose.	S A CONSEQUENCE OF:	ant our	281				
	injury or complication which coused deoth.)  ANTECEDENT CAUSES		01	0.1				
	(B)	S A CONSEQUÊNCE OF:	June?	2/20/12				
	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	1.0.11	1000					
	CONDITION TOST. (C)	A SILV	NISTON	)				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	( '						
SICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994-DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or Nol 208, IF YES, WERE	FINDINGS CONSIDERED				
ERTIFIC	WAS PERFORMED	N 8	IN CERTIFYING CA	USES OF DEATH?				
CAL C	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE Diffice bldg., INJURY OCCL	OID (If in Boltimor	re City, give exect location)				
MEDI	21D-TIME (Month) (Doy) (Yeo) (Hour) 21E, INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?					
ξ	(APPROX.) While At Not Wh			, ,				
	22. I certify that (I) (this hospital) attended the deceased/from 7 () (19 to 7)							
	that (I) (we) last saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date							
	and hour and from the couses stated above. (1) (We) (did) (did not)			acous accounce out the Gold				
	23A. SIGNATURE		\ /	23B, DATE SIGNED				
	Photograph Ph	ending Med. Director	Staff Phys.	7/12/7/				
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS						
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI		D. LOCATION (Ĉi	ty, town, or county) (Stote)				
	Burial 7-27-71 Mt. Auburn		Baltimore,					
	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS				
	JUL 26 1971 Robert & Jake RD			302 Madison Ave.				
VS	150-REV. 1/1/68							



IMPORTANT

DIRECTOR:

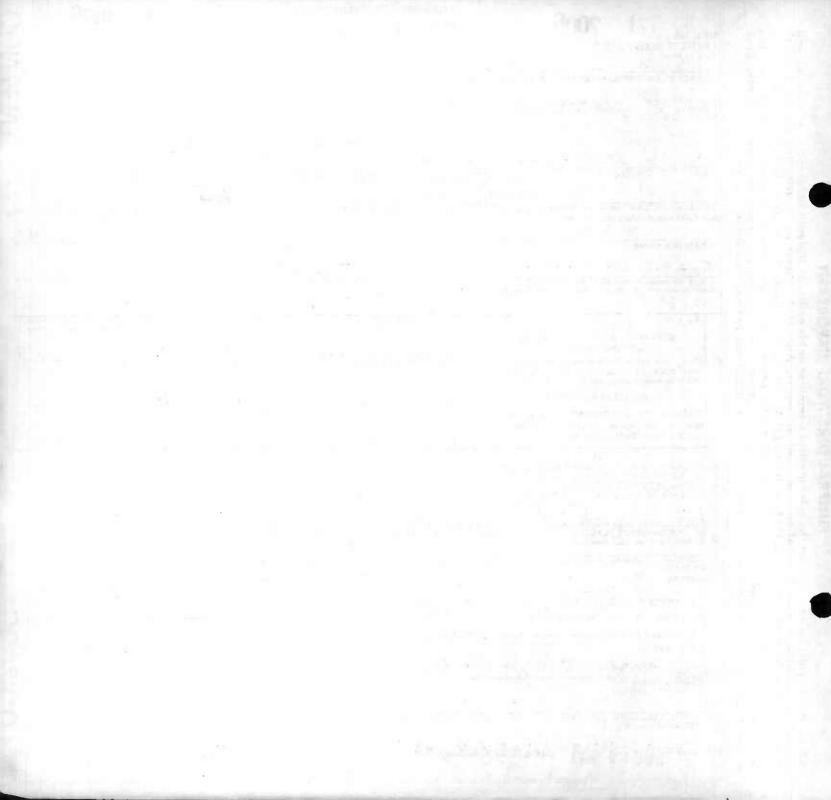
FUNERAL

VS 150-REV. 1/1/68

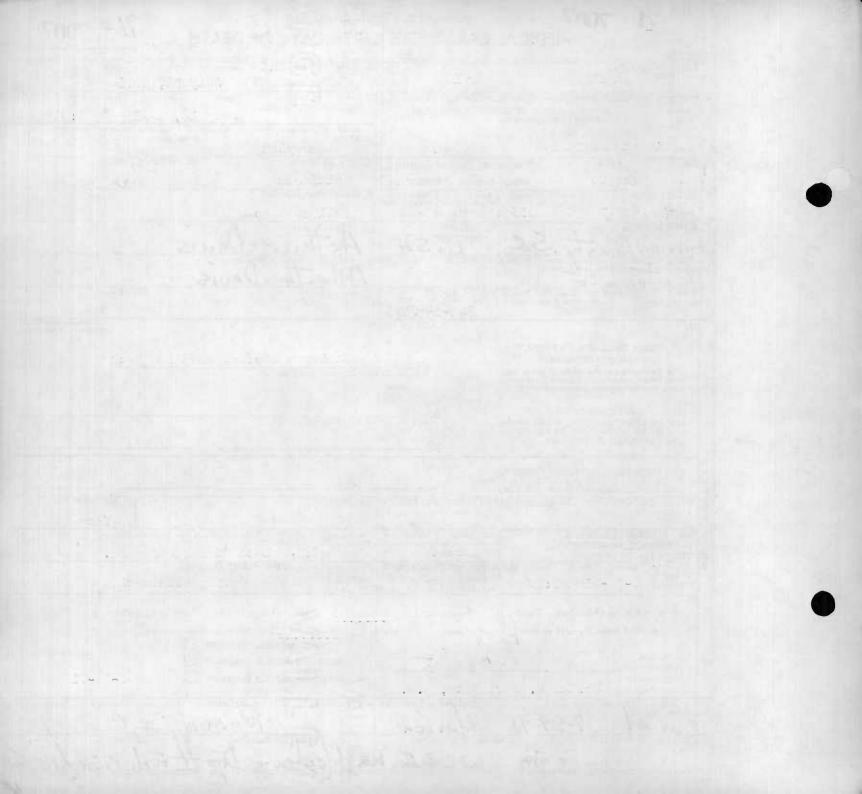
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VS 150-REV. 1/1/68

L. 750	- 0		BALTIMORE CITY	HEALTH DEPARTMENT	1.0	3000
BIRTH NO.	7006		CERTIFICA	TE OF DEATH	REG. NO.	/1 /000
I. NAME OF DECEA	SED				ND HOUR OF DEATH	
(Type or Print)	ILLIE L	AWS	ON	top	23 0 1	11.15 4.
3. PLACE IN BALTIA	ORE MARYLAND, WH	ERE PRONOL	INCED DEAD	4. USUAL RESIDENCE INTO A. STATE B. COU	ere deceased lived if in	stitution; residence before admission)
FULL NAME OF	(IF NOT IN HOSPITAL	OR INSTITU	THON, GIVE STREET	MARYCAND C. CITY OR TOWN	BALTI	
INSTITUTION				BALTIM		DE CITY LIMITS?
44				E. STREET AND NUMBER	0128	YES NO BALTIMORE, MART
UNION	MEMORIA RACE 17.	or 12	OSPITAL	4426 ST. 6		OV. LOND EIZIZ
М	NEGROID	WIDOWED	DIVORCED	4-7-26	9. AGE (in years lost birthday)	Months Doys Hours Min.
10A, USUAL OCCUPA done during most of worl	TION (Give kind of work 1)	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country/	12. CITIZEN OF WHAT COUNTRY?
UNEMPLO	The second secon		_	S. CAROC	IND	UNITED STATES
13. FATHER'S NAME				14. MOTHER'S MAIDEN NA	<b>LME</b>	0.07/0.0
FRANK	LAWSON			TANEY	JEROM	G
5. Was Deceased Ev	er in U. S. Armed Fercer yes, give war or dates	s?	1 6. SOCIAL	II/A INFORMANT		ADDRESS
No	yes, give war or cones	or advices	247-22-7851	Johnnie Mae	Lawson4426 St	t. George St.
18.	1:01		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIREC	CTLY				
	ADING TO DEATH mean the mode of d	vina ea	(A) IMMEDIATE CAU	SE CARDIO - RESP A CONSEQUENCE OF:	IRATORY IN	YAC I UZ
heart failure, ast	henia, etc. It means the	e disease.	DUE TO, OR AS	A CONSEQUENCE OF:	FICCLENC	4
	TECEDENT CAUSES	ed IIIa	1/100	ONEDUDAN	A RONIII II-	TREAL US DAVE
	CONDITIONS, if an	v civina	(B) HO OR AS	A CONSEQUENCE OF	4 - DENIN UG	TASTA 43 DAYS
rise to the	above cause (A) si	faling the	(c) BRIE			
	11		(C)			
F TO THE DEATH B	NT CONDITIONS CONT	TERMINAL	477400000000000000000000000000000000000	-		
	ERATION 198 CONDI	TION FOR W	HICH OPERATION	20A. AUTOPSYT (Yes or N	ol 208. IF YES, WERE F	INDINGS CONSIDERED
19-7-		ENE	PHROMA		IN CERTIFYING CAL	LETHOSPAS 18
OR CONTRIBUTION DEATH (notify me		218, home	PLACE OF INJURY (e.g., in farm, foctory, sheet, of	or obout 21 C. WHERE DID		City, give exoct location)
OF INJURY	ionth) (Doy) (Year) (	Hour 21E	NJURY OCCURRED	21F. HOW DID IN	IIIRY OCCUR?	
OF INJURY			e At Not While		- CCCOK!	1 0 -
	3		e declased from 21	fune	1971 to 28	July 1971
	t saw the deceased		Car Car			fon death accurred an the date
23A. SIGNATURE	om the causes stated	abave. (1)	(Me) (dld nat) v	ew the bady after death.		1000 0 0 0 0 000000
Rok	en PNO	ylp.	Dhim	nding Med.	Staff Phys.	238. DAYE SIGNED
23C. PHYSICIAN'S NAME (Type)	7	9	DEGREE	3D. ADDRESS	rnys. —	7/0-11
24A. BURIAL CREMA	TION, 248, DATE	24C.NA	DEGREE ME of CEMETERY of CRE	MATORY 124D.	OCATION (City	y, lown, or county) (State)
FUNERAL	7/26/77					, and the same of
SA. DATE RECED BY	DE THE JOSE	THE STATE OF	Auburn Cemete		Balto., Md.	OMEC TAPORESS
305	me 2011	7 7	7	MORTUN & DYE		
		v - F	1 6	1001 Laurens	St. Ralto.	Mc 21217



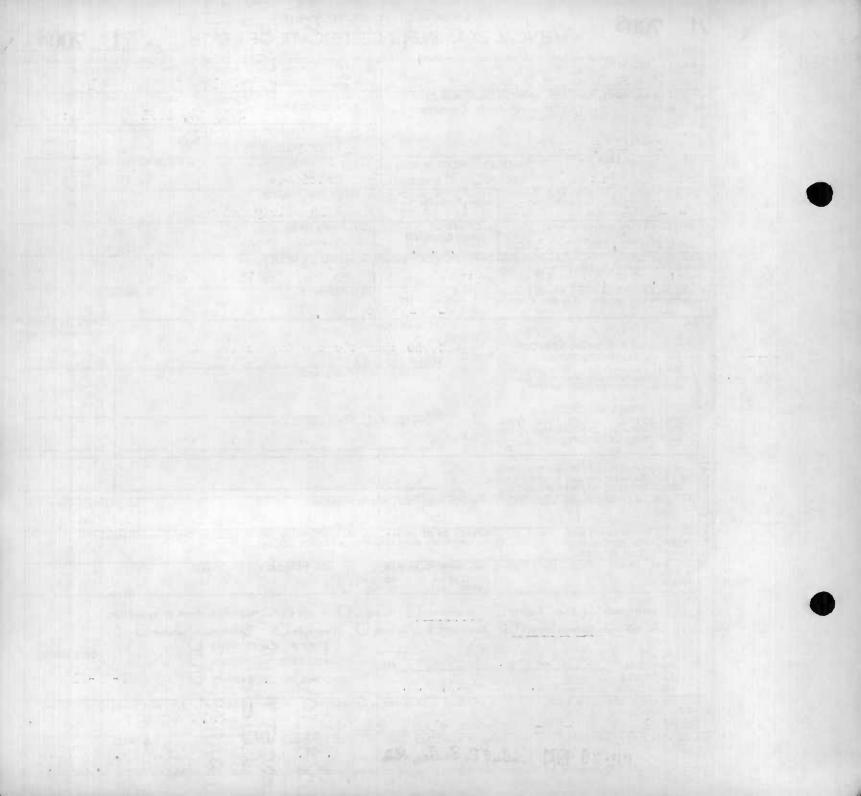
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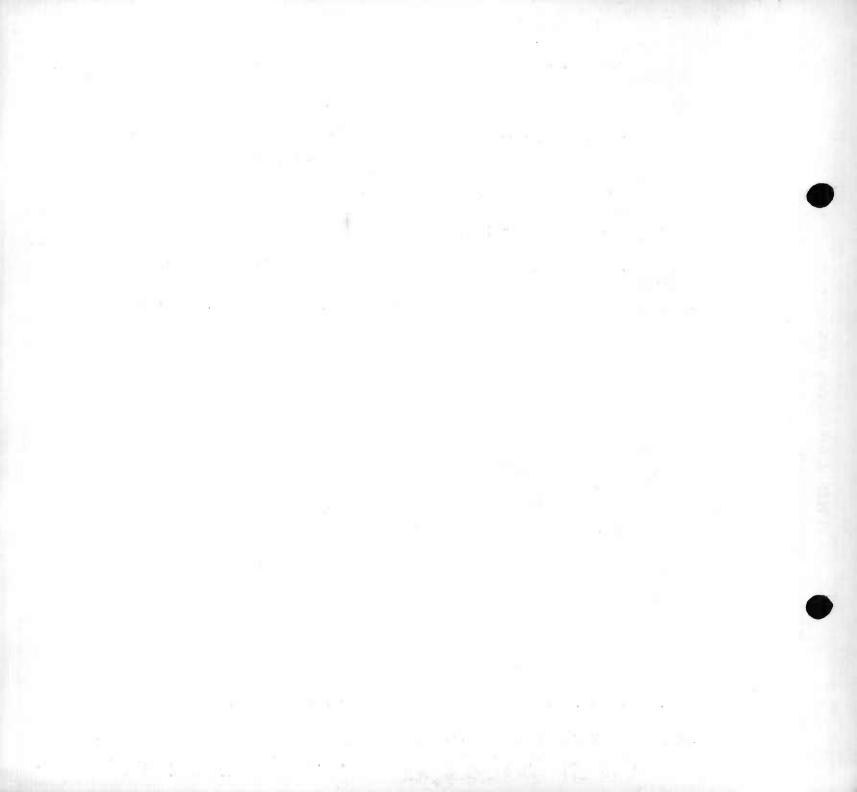
1	71 7008  BALTIMORE CITY HEALTH DEPARTMENT  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO	71. 7008
G-620	BIRTH NO.   REG. NO.	Year Haur 1971 M
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CO.	on: residence before odmission)
•	Male White WIDOWED DIVORCED Baltimore  9. DATE OF BIRTH  10. AGE (In yeors   W Under 1 Yr. II Under 24 Hrs.   E. STREET AND NUMBER   Iost birthdoy)   Months, Days , Hours   Min.	res 🔀 NO 🗌
	11. BIRTHPLACE (Stote or foreign country)  Soluturn, Switzerland  WHAT COUNTRY?  U.S.A.  August Gross  14A-USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
	Ret'd. Teller First Nat'l Bank Bertha Rindlisbacher	ADDRESS
	No 216-07-4316A Mr. Charles Gross 40  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart follure, osthenia, eic. it means the disease, injury or complication which coused death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:	O Thornhill Ro APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
	22A. EXTERNAL CAUSE WAS	21. AUTOPSY? (Yes or No) NO
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURED. OF INJURY (APPROX.)  23.  NOT WHILE AT WORK  MILE AT WORK  TO STANDARD OF THE OCCURENCE OF THE OCCURENCE OF THE OCCURENCE	
	I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER X ASSISTANT MEDICAL EXAMINER X ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	
	Burial 7-28- Moreland Memorial Balto, Cour	n, or county) (State)
	25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  H. W. Jenkins & Sons  1905 York Road	Co. 21212

JUL 26 1971 VS 151-REV. 1/1/68

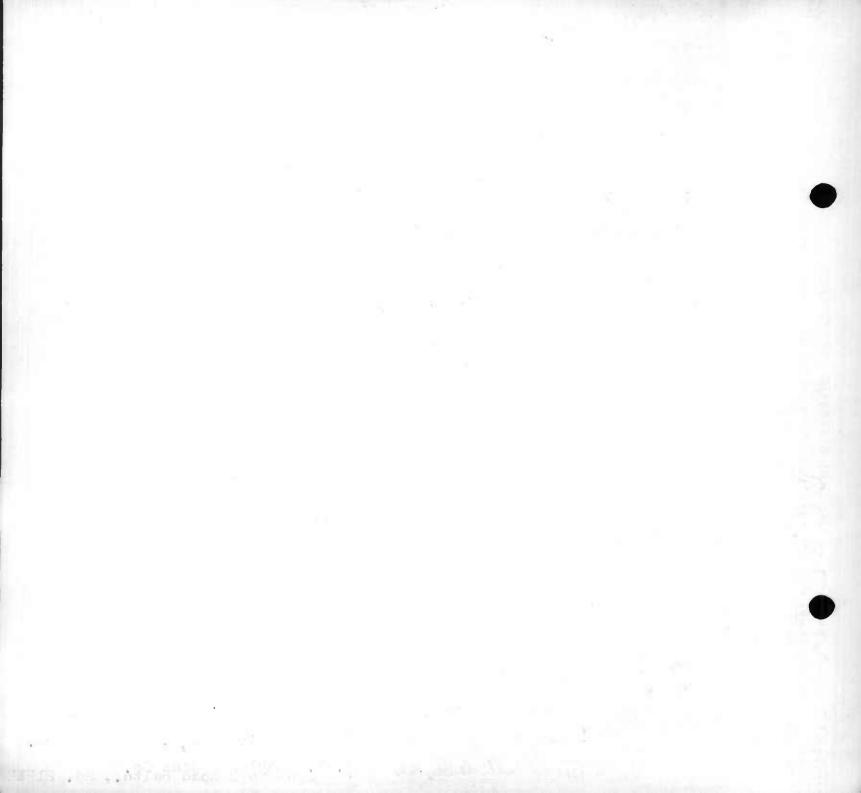
25C. FUNERAL DIRECTOR
H. W. Jenkins & Sons Co. 21212
1. A 4905 York Road Balto. Md.



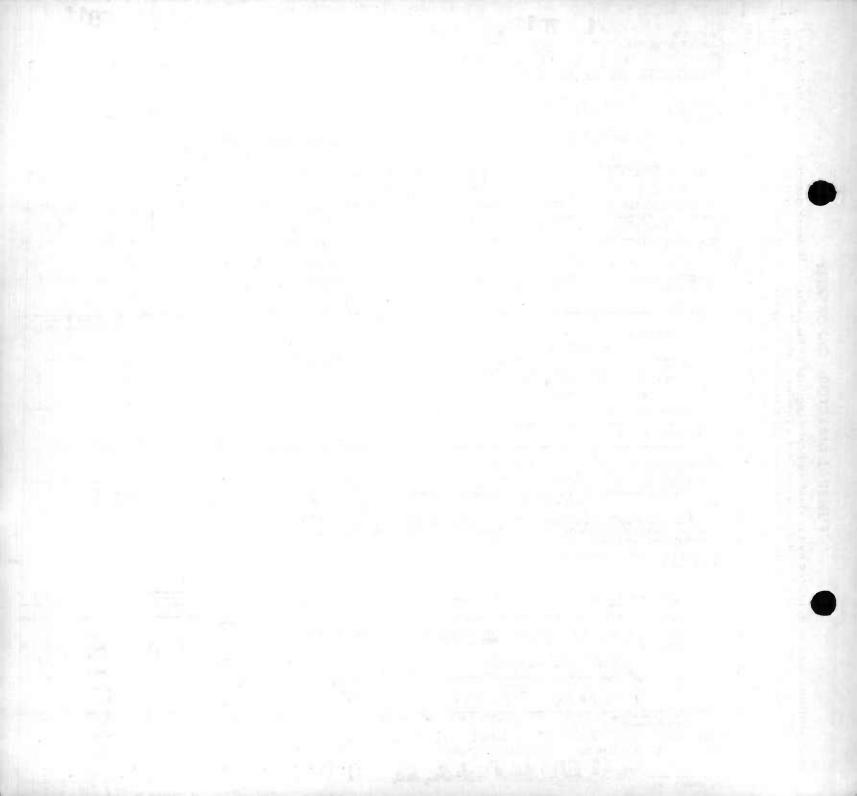
M-235	BALTIMORE CITY	HEALTH DEPARTMENT		ind moon
BIRTH NO. 71 7009	CERTIFICA	TE OF DEATH	REG. NO	71 7009
1. NAME OF DECEASED			ND HOUR OF DEATH	
(Type or Print) Edna M. McAdams			3-71	1 6:45 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WH	ere deceased lived. If inst	itution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION	ON, GIVE STREET	Md.		2712
- A		Baltimore		E CITY LIMITS? YES NO
Long Green Nursing H	lome	E. STREET AND NUMBER		153 [] 140 []
		6205 Mossv	vay	
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
F WIDOWED R		9-23-1884	86	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BE	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)  Homemaker  Own Ho	ome	South Caroli	ina	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Edward C. McLure			ane Wylie	
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give war or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	217-14-1818	Mrs. Benjai	min F. Defor	rd Same
18. 4 12 3	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Glurchy ad CONSEQUENCE OF:	arteressaleur	25 yens
(This does not mean the mode al dying, e.g., hearl lailure, asthenia, etc. If means the disease,	DUE TO, OR AS	CONSEQUENCE OF:	/	***************************************
injury ar camplication which caused death.)	ney	contint muf	my or	elevere
ANTECEDENT CAUSES	(B)	miny we	7	any
DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	A CONSEQUENCE OF:		1 day
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
▼ IDISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			***************************************
198 CONDITION FOR WHI	CH OPERATION	, no	IN CERTIFYING CAUS	IDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	ACE OF INJURY (e.g., in lorm, loctory, street, of	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(II In Bolttmore	City, give exact location)
	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.) While Work	Al Work			
22. I certify that (I) (this hospital) attended the	deceased from 19	5-5	19 to	19
that (1) (we) last saw the deceased alive an				an death occurred on the date
and haur and fram the causes stated above. (1) (4		and the best of the stand	not intiny, tour, upini	an death occorred by the adia
23A, SIGNATURE	rey (ara) (ara nar) vi	ew the body differ death.		3B. DATE SIGNED
Rogh 9 Hells	Atter	iding Med.	Stoff Phys.	ng 2371
23C. PHYSICIAN'S	DEGREE PRIYS	3D. ADDRESS	Phys. L	reg 2311
NAME (Type)		15 E. Biddle	C+	
	DEGREE E e) CEMETERY et CRE			
KEMOVAL (Specify)				town, or county! (Stote)
Burial   7-24-71   Holly	ywood Ceme		ichmond,	Va.
1111 00 4000		25C FUNERAL DIRECTO	s Sons Co.	4905 York Rd.
JUL 26 19/1 Dabe & E V	alsey N.D.	0 100	Palto., Md.	21212



P-42	71 7010			HEALTH DEPARTMENT	REG. NO	71 7010	
BIRTH NO.	11 /010		CERTIFICA	TE OF DEATH	REG. NO	7020	
I. NAME OF DE	CEASED			2. DATE AN	D HOUR OF DEATH	1	
(Type or Print)	DANIEL	Pos	CACK		7/27/21	10:20	
3. PLACE IN BA	LIMORE MARYLAND,	WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (When	o deceased lived. If	institution: residence before a	dmission
FULL NAME O HOSPITAL OR INSTITUTION	ADDRESS OR LOC		JTION, GIVE STREET	MARYLAND C. CITY OR TOWN	n IN	SIDE CITY LIMITS?	
MARYLA	ND GENERI	16 Hos	PITAL	BALTIMORE		YES WO NO	
48				BACTIMORE E. STREET AND NUMBER			
5. SEX				1 2731 GREE		AVE.	
M	6- RACE	WIDOWED		4-20-1898	9. AGE (In years last birthday)	If Under 1 Yr. II Under Monthsi Days Haurs	Min.
IOA. USUAL OC	CUPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	gn country)	12. CITIZEN OF WHAT	OUNTR
	al working life, even if retired) AGER		TONE HOTEL	RUSSIA		U.S.A.	
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NAM	AE		
			LACK	ANNIE.			
5. Was Docease Yes, no or unknow	nd Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	3.7			MRS. AMMA	M. POLL	ACK (SA	ME
18.4	5 /		CAUSE OF DEATH			APPROXIMATE IN	
DISEA	ASE OR CONDITION D		R	- 1	-	BETWEEN ONSET A	ND GEAT
(This does	LEADING TO DEATH		(A) IMMEDIATE CAU		anca, a	cut	
heart failure	, asthenia, etc. il meons	the disease.	DUE TO, OR AS	CONSEQUENCE OF:			
injury of co	mplication which coused						
	ANTECEDENT CAUSES		(B)				***************************************
rise lo II	OR CONDITIONS, if the above couse (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	IG CONDITION lost.	Training Into	(c)	*************			*********
-	11						
OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING	alherro	clude car	- Olavas	with de	
< DISEASE OR €	CONDITION GIVEN IN PAR	RT 1 (A).		***************************************			
21A. ACCIDI	F OPERATION 198. CON WAS PER	FORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
21A. ACCID	ENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	Of In Boltimo	ore City, give exoct location)	
OR CONTRIB	SUTING CAUSE OF y medical exomined	hame etc.)	, lorm, factory, street, al	ice bldg., INJURY OCCUR?	In in bonnio	ire chy, give exect teconom	
O 21D. TIME	(Month) (Doy) (Yout)	(Hous) 21 E.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
(APPROX.)		Whil	e At Not While				
22 1		Work	- Al HOIK	2/0			
	y that (i) (this hospital) last saw the decease		/		9 .7/ta	/	7/
			/	Commence Commence and Life	it (my) (aur) op	Inion death occurred on	he date
29A SIGNAT		red onove. (I)	(me) (did) (did not) v	ew the body after deoth.		COO DATE SIGNED	
102.	. Dalo	9	Atter	iding Med.	Staff D	23B. DATE SIGNED	
23C. PHYSICI	ANS	has	DEGREE Phys	3D. ADDRESS	Phys.	1/22/7/	
1					Last.	<i>i1</i>	
4A. BURIAL CR	MEAL GRAS	24C. NA	ME of CEMETERY OF CRE	MARYLAND G	EWERAL	HOSPITAL	154-1 1
REMOVAL	(Compathy)		laney Valle	dens	CAHOR (C	117, TOWIL, OF COUNTY!	(Stole)
Burial	D BY HEALTH DEPT.				imonium,		Md.
	JUL 26 1971	Para & E	Jabe MD	25C. FUNERAL DIRECTOR	ins & Son	ADDRESS	05.5
/S 150-REV. 1/1		1 Andrew Co		4905 Y	ork Road	Balto Md.	515



W-430	BALTIMORE CITY	HEALTH DEPARTMENT	nd nod f
BIRTH NO. 71. 7011	CERTIFICA	TE OF DEATH	REG. NO. /1 /ULL
1. NAME OF DECEASED TYPE OF PRINTING	RJORIE	2. DATE AND HOU	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE		4. USUAL RESIDENCE (Where decee	osed lived. If institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARKIND.	1202
UNION MEMORIAL	665DITAL	C. CITY OR TOWN.  BALTIHORE	D. INSIDE CITY LIMPS?  YES NO
	7001110	3008 N. CAL	GRT STREET.
temake WAITE WIDO		3 - 26 - 94 lost birt	
OA USUAL OCCUPATION (Give kind of work 10B, KIN fone during most of working life, even if refired)	BALTO-CIT	1). BIRTHPLACE (State or foreign coun	12. CITIZEN OF WHAT COUNT
RETURED -TEACHE	R SCHOOLS	MARVLAND	U-S-A.
13. FATHER'S NAME WALTER B. WILL	45.	MARY H. M	LE MULLAN.
5. Was Deceased Ever in U. S. Armed Ferces? Yes, no or unknown) (If yes, give war or doles of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT IZABET	H PERKINS ADDRESS
No	214-40-539	200	CHARLES ST.
18.5-93.2/1	CAUSE OF DEAT	t eresentente	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ALAD IN BEDINA	
(This does not mean the made of dving.	(A) IMMEDIATE CAU		y Collayso
heart failure, asthenia, etc. It means the dis- injury or complication which caused death.)	dee,	A CONSEQUENCE OF:	
ANTECEDENT CAUSES	0.1.	en la delas.	(
	(B) Card 10 VI	GCULLE, REVAL & 1	efalic failure
DISEASES OR CONDITIONS, if any, gi	the	A CONSEQUENCE OF:	,
UNDERLYING CONDITION last.	(c)	***************************************	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*************	***************************************	
19A-DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSYS (Yes of No.) 20B. I	F YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	or obout 21 C. WHERE DID	(If In Boltimore City, give exect location)
21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?
(APPROX.)	While At Not While At Work		
22. I certify that (1) (this hospital) attend		7-23-7/ 19	to 7-25 19.7/
that (i) (we) last saw the deceased alive	on		y) (our) opinion death occurred on the da
and have and from the causes stated above	e. (i) (We) (did) (did not) v	ew the bady after death.	
23A. SIGNATURE ROUBUST	DL.	Med. Stoff Director Phys.	23R DATE SIGNED 7.25.71
23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS 3D/ ST. PAC	11 ST. NAT 711
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE	0. 1 0	
REMOVAL (Specify)			
	Druid Ridge Ce		ville, Md.
1111 0 0	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JUL 26 1971 Page	BE Jake MA	49050 York	Road Baito., Md. 212
S 150-REV. 1/1/68			

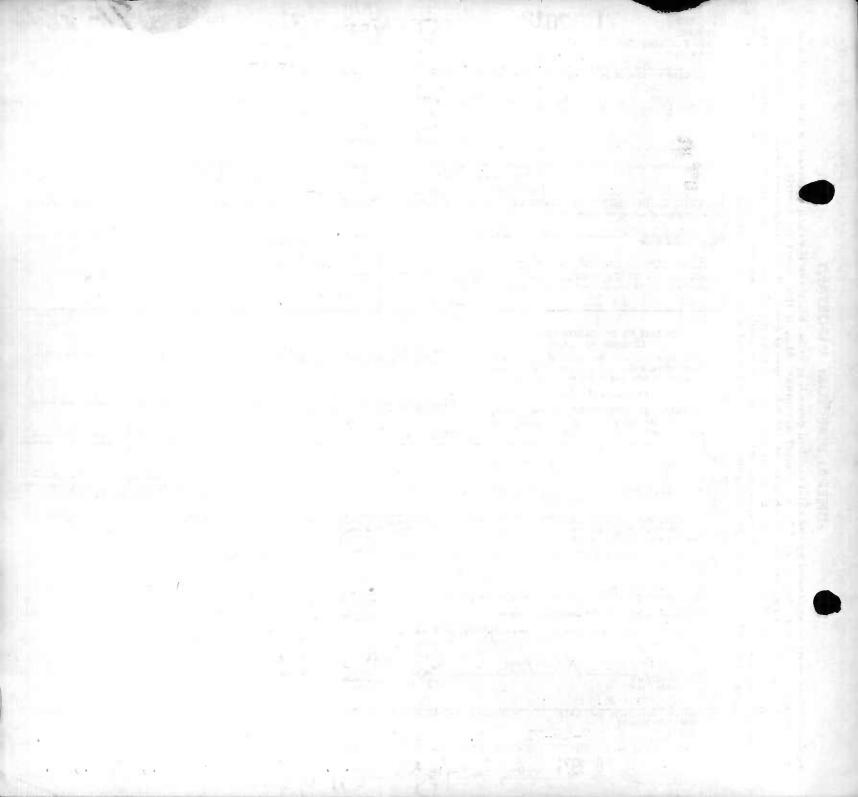


	* ~	BALTIMORE CITY HEALTH DE	EPARTMENT
71	7012	CERTIFICATE OF	DEATH

COTIC	CATE	OF	DEA	TILL
CKLIF	LAIL	OF.	UEA	117

REG.	7/-	1

BIRTH NO.	CERTIFICA	TE OF DEATH	11 1010				
Type or Print) N.							
Richard' Jac		7-23-71	1:35 PM				
3. PLACE IN BALTIMORE, MARYLAND, Y	HERE PRONOUNCED OEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission				
FILL NAME OF SENOT IN HOSPIT	AL OR INSTITUTION CIVE STREET	MD Baltimore	5 360				
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOC NSTITUTION	AL OR INSTITUTION, GIVE STREET ATION)		SIDE CITY LIMITS?				
NSIITUIION		Upperco	YES NO W				
33		E. STREET AND NUMBER	123 110 00				
THE JOHNS HOPKI	NS HOSPITAL	G. SIRES AND HOMOER					
SEK 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE IIn years last birthday	Months Doys Haus Min.				
Male Cau	WIDOWED DIVORCED	01-07-17 54					
	10% KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY				
one during most of working life, even if refired)	D 17 41 4	3// 3	TICLA				
Architect	Building	Md	USA				
FATHER'S NAME		14 MOTHER'S MAIDER NAME					
Richard Newton Ja		Catharine Bond					
Wee Decoused Ever in U.S. Anned Fe es, no or unknown) (If yes, give war or date	se of service)   6. SOCIAL	17. INFORMANT	ADDRESS				
Yes WW 11	212-28-1184	Shiela M. Jackson	Same				
	CAUSE OF DEAL		APPROXIMATE INTERVAL				
18. 203XI			BETWEEN ONSET AND DEATH				
DISEASE OF CONDITION DI	RECTLY	0	100				
LEADING TO DEATH	(A) IMMEDIATE CA		10 days				
This does not mean the mode of heart failure, asthenia, etc. It means	the disease. DUE TO, OR AS	A CONSEQUENCE OF:					
injury or complication which caused death.)							
ANTECEDENT CAUSES	4.	Carcio	14 days				
DISEASES OR CONDITIONS, if	(B)	S A CONSEQUENCE OF:					
rise to the above cause (A)	stating the		/ /				
UNDERLYING CONDITION lest.	(c) //	Tultiple Myeloma	1 Vear				
11	Mayork	40	14 dous				
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING A TO	TEIL	V 1/16 days				
TO THE DEATH BUT NOT RELATED TO	THE TERMINAL NEULE KEN	ial railyre (anephric	marke 1 - Carays				
10A DATE OF OPERATION 1198 COL	INTION FOR WHICH OPERATION	120A. AUTOPSYZ (Yes of No.) 20B. IF YES, WER	E FINDINGS CONSIDERED				
WAS PE	PORMED	Yes WER	AUSES OF DEATH?				
2 WAS PE	Total Black Of Interest		ore City, give exact lacation)				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inglify medical examined	21B PLACE OF INJURY league, home, form, factory, street, etc.)	office bidg. INJURY OCCUR?	tore City, give exact tacallan				
		215. HOW DID INJUST OCCUR?					
21 D. TIME (Month) (Day) (Year) OF INJURY							
IAPPROX.)	White At Work At Work						
22 1 mostly shot (1) Johle harates	() attended the desegred from	Jaly 9 197/10	Tuly 23 19)/				
that (1) (we) lost saw the deceased alive on 24 / 25 and that in (my) (our) opinion death accurred on the date							
end hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death.							
23A. SIGNATURE	11		238, DATE SIGNED				
chomes &	Hodors M. Digner Ph	ending Med. Staff Phys. Director Phys.	July 23,197				
23C. PHYSICIAN'S NAME (Type)	, ,	23D. ADDRESS	1/ 1/				
Thomas K. Hodo	us	Johns Hopkins	Jospital				
4A. BURIAL CREMATION, 124B. DATE	24C. NAME of CEMETERY of CI	REMATORY 240. LOCATION	City, town, ar countyl (State)				
REMOVAL (Specify)							
Burial 7-26.		Garrison F					
SA. DATE REC'D BY HEALTH DEPT.	258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
JUI 26 1971	Robert E. Farker M.D.	H.W. Jenkins & Sons	CoBaltoMd.				
/S 150-REV. 1/1/68							



I	1520				BALTIMORE CIT	HEALTH DEPARTMENT		17	1 7000	7
BIR	TH NO. 71	70	13		CERTIFICA	TE OF DEAT	H REG	. NO	L / (/-	
	NAME OF DECI pe or Print)		WIN(	3., H	ENRYG	OBDON 7	TE AND HOUR OF		2.30	M.
3.	PLACE IN BALT	TIMORE, MA	RYLAND, WH	ERE PRONO	UNCED DEAD	4. USUAL RESIDENCE A. STATE B.			tion: residence before	e odmission)
FU HC	ILL NAME OF DSPITAL OR STITUTION	ADDRE	SS OR LOCAT	ION)	UTION. GIVE STREET	HARY LAN		D. INSIDE C	CITY LIMITS?	Zerami
	1 1	UN	ION	MENO	RIAL HOSP	BALTI	YORE	YE	S NO	
1	+ 1			TIMO		E. STREET AND NUM		-11		
		V					1655W	A		
	SEX H	6. RACE		WIDOWED		10-29-	9. AGE (In y lost birthdoy)	79 4	Under 1 Yr. If Unonths Days Hours	nder 24 Hrs. Min.
	LUSUAL OCCU	working life as	on if calleads	. I do		11. BIRTHPLACE (Stote		12	2. CITIZEN OF WHA	T COUNTRY?
	SALES	S-REA	LESTA	TEKI	ETIRED	MARY 1-	-PAO		U.S.	A
13.	FATHER'S NAM	ME				14. MOTHER'S MAIDE			41	
	V	WILL	- HAM	Ħ.	ENCING	ELMYRI	A KOE	SINSO	N	
15. (Ye:	Was Deceased send of unknown)			of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		. (	SAME)	
	YES	WV	VI		219-22-74	53 GORDO	NR.EU	11NG	.041	.To 212!
	DISEAS	E OR CON	DITION DIRE	CTLY	CAUSE OF DEAT			6 .	APPROXIMATI	
		LEADING 1		1.1	(A) IMMEDIATE CA	A CONSEQUENCE OF:	+ rentrue	u, Jai	luh	
	(This does no heart failure, injury at cam	asthenia, et	c, if means t	he disease,	DUE TO, OR AS	A CONSEQUENCE OF:		V		
		ANTECEDEN	T CAUSES		O A S C	CV				
	DISEASES O				(B) H 3 C	A CONSEQUENCE OF:	,	************		a display dynamic and and and and
	rise to the UNDERLYING			claling the	(c) Ave	ina Pee	tores			
-		11						· · · · · ·	<del>-                                    </del>	
HOL	OTHER SIGNIF	H BUT NOT R	ELATED TO THE	ETERMINAL	Bowel	Resection A	or malique	r rewa	ANT O'DE	
2	19A. DATE OF		198 COND	ITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YE	S, WERE FIND	DINGS CONSIDERED	<del>)</del>
CERTIFIC	2		WAS PERFO	PRMED		YES	IN CERTIF	YING CAUSES	OF DEATH?	
CAL CE	21A. ACCIDEN OR CONTRIBU DEATH (notify	IT WAS UNI	DERLYING USE OF	21 B hom etc.	PLACE OF INJURY (e.g., e., farm, foctory, street, c	n or about 21C. WHERE I	DID (If I	n Boltimore Cit	ly, give exoct locotion	n)
	21 D. TIME OF INJURY	(Month) (D	oy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR	?		
\$	(APPROX.)			Wh	Not Whi	•				
	22. I certify	that (I) (th	s hospital)	attended t	he deceased from	7 23	<u>}/19to</u>	7	. 24	19.7/
	that (1) (we)	last saw th	ne deceased	alive on_	7.24.	71 19 0			n death accurred	on the dote
	and haur and	from the c	auses state	d abave	(We) (dld) (did not)	riew the body after d	eath.			
	23A. SIGNATU		(1	, ale			1	238	R DATE SIGNED	
			7	V	DEGREE Phy	inding Med. S. Director	Shoff Phys		7/24/7	/
	PHYSICIA NAME (T)		HASSE	NNI	PHAS	23D. ADDRESS	. Mos h	ital.		
24/	A BURIAL CREA	MATION, 24	B. DATE	24C.N.	AME of CEMETERY of CR	EMATORY 2	AD. LOCATION	(City, to	own, or county)	(Stote)
	arial	-pectiyi,	7-27-	71 Dm	id Ridge C	meters	Pikesvi	110		Md.
	A. DATE REC'D				DE REGISTRAR	25C. FUNERAL DIR	ECTOR		ADDRESS	FILL
		JL 26	M/I V	بنامية في	Marper 124	H. W490	enkins &	Sons oad Ba	Ito Md	.21212
0.40	2 CO DELL 2 /2 //	1.0								

THE PERSON NAMED IN COLUMN 2 DRA-YSHITA O'SHITEK MORNING REWARDS NOW ROUNDS most regard on 1971 stock

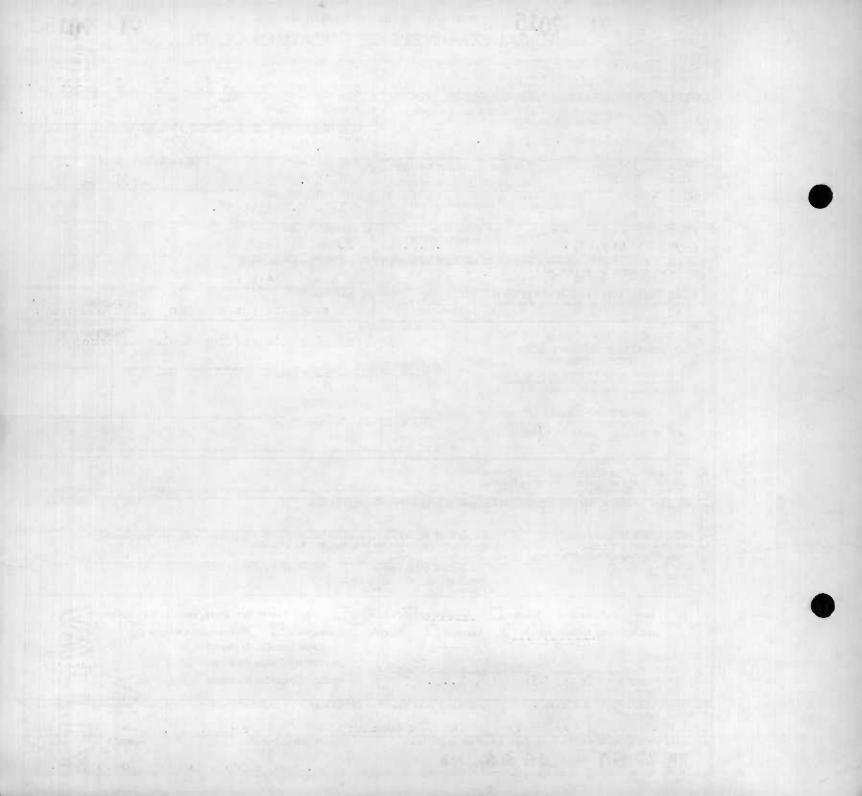
This certificate must be approved by the chief medical examiner or his assistant if death occurred in

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Denn			BALTIMORE CITY	HEALTH DEPARTMEN	T /			
BIRTH NO.	71 7	7014	CERTIFICA	TE OF DEATH	H REG. NO	71 7014		
1. NAME OF DE	RAYMOND	G. POE		2. DATI	JULY 23	4		
3. PLACE IN BA	LYIMORE MARYLAND,		UNCED DEAD	4. USUAL RESIDENCE		institution: residence before admission		
FULL NAME OF		TITAL OR INSTIT	UTION, GIVE STREET	A. STATE B. CO	BALTIN			
INSTITUTION				C. CITY OR TOWN D. INSIDE CITY LIMITS?				
23JOH	HNS HOPKINS	HOSPI	ΓAL	Timonium E. STREET AND NUMBE	ER .	YES NO X		
				2414 YOR	K RD. TIMON	NIUM, MD.		
SEX M	6. RACE	7. MARRIED		8. DATE OF BIRTH 04-22-98	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.		
OA USUAL OC	CUPATION (Give kind of we	ork TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	loreion country!	12. CITIZEN OF WHAT COUNTRY		
one during most o	of working life, even if retired				totolgi cooliny:			
Foreman Quarry				Maryland		U.S.A.		
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
GEORG	XXXXXXXXX 3	PRINCES	1 6. SOCIAL		NE BROWN			
res, no or unknow	m) (If yes, give war or da	les of servicel	SECURITY_NO.	17. INFORMANT		ADDRESS		
No			216 07 5618	Margaret C.	Poe Same as	# 4e/		
18. 4	9.91		CAUSE OF DEAT			APPROXIMATE INTERVAL		
DISEA	ASE OR CONDITION D	MRECTLY				BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	H	(A) IMMEDIATE CAL	SE SEPTIC	SHOCK	24 hrs		
(This does	not mean the mode o	of dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	JEIOCIN	27 1/23		
	, asthenia, etc. II mean implication which cause							
	ANTECEDENT CAUSE		1.	/	0	21		
DISTAGES				LEBSIELLA	SEPSIS	36 hus		
tise lo I	OR CONDITIONS, if he above cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:				
UNDERLYIN	IG CONDITION last.	aloning the	(c)	LTI + PA	JIUMONIA	48 225		
1	11							
OTHER SIGNI	IFICANT CONDITIONS C	ONTRIBUTING	0					
TO THE DEA	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL	1057 -	OPERATIVE (	ARDIAC ARRE	ST 11 Laus		
	F OPERATION 1198 CO	NDITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yes o	Ne) 208 IF YES WEEF	FINDINGS CONSIDERED		
19A. DATE O	WAS PE	RFORMED		NO	IN CERTIFYING CA	USES OF DEATH?		
21 A. ACCIDI	ENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DI	D (II in Baltime	re City, give exact location!		
DEATH (note	UTING CAUSE OF	hom etc.)	e, lann, factory, street, ol	lice bldg. INJURY OCCUR	a the common			
91								
OF INJURY	(Month) (Day) (Year		INJURY OCCURRED		INJURY OCCURT			
(APPROX)		Whi Wor	le At   Not While					
22. 1	y that (i) (this hospite			3027 11.1	70 77	F 1131 23 5:		
						JULY 23, 19 DI		
	) last saw the deceas		J			Inlan death accurred on the date		
		ated abave. (i)	(We) (did) (did nat) v	lew the bady after dear				
23A. SIGNAT				-		238, DATE SIGNED		
M ^ P   M . ) A MAC Attending Med. Stoff CO						D 22 -		
23C. PHYSICI	ANS	VVIIIO	DEGREE Phys	Director L	Phys. Led	1-23-71		
NAME (	Typel A./	λΛ Λ						
	NEILR	MILL	EV, M.D. DECER	JOHNS HOT	PKINS HOSP	ITAL . ROLLINGARA M.		
4A. BURIAL CR	EMATION, 248. DATE	24C.NA	ME of CEMETERY OF CRE	MATORY 240		ity, town, of county) (Stote)		
		71   1	plar Grove Ce	motory	Cockeysville,	Balto., Md.		
SA. DATE REC'	7-27-	/	DIDEL LECOVE LE	merery	COCKEARATTIE,	1107   1   1   1   1   1   1   1   1   1		
	D BY HEALTH DEPT.					ADDRESS		
111 27 4	D BY HEALTH DEPT.	258 NAME O		25C. FUNERAL DIREC	TDR	ADDRESS Z/ZO		
S 150-REV. 1/1	BY HEALTH DEPT.	258 NAME O		25C. FUNERAL DIREC		ADDRESS Z/ZO		

. Pauly . . . . the same of the

VS 151-REV. 1/1/68



	B-500			BALTIMOR	E CITY H	ALTH DEPARTMEN	NT.		
BII	RTH NO.	71	7016			OF DEAT		71	7016
1.1 (Ty	NAME OF DECEAS	13AVN	15	MARIE		in 2. DA	TE AND HOUR OF DEAT	Н	10.1.
3.	PLACE IN BALTIM	ORE MARYLAND,	WHERE PRO	NOUNCED DEAD	4.	USUAL RESIDENCE	(Where deceosed lived, If	institution; re	12'45PM.
II H	JLL NAME OF OSPITAL OR	(IF NOT IN HOSE ADDRESS OR LO	TAL OR IN	STITUTION, GIVE STREE	ET	STATE B. C		2:	533
1	North	Chan	les	Hospita	6	Balt	coo se	YES VE	NO []
16	19			J	E.	STREET AND NUMB	Heven	Nun	sine thema
5.	SEX 6. I	RACE	7- MARRI		D   8. I	ATE OF BIRTH	9. AGE (in years last birthday)	II Under	1 Yr. Vi Under 24 Hrs. Doys Hours Min.
10/	A. USUAL OCCUPA	TION (Give kind of we	WIDOW	DIVORCE OF BUSINESS OR IND	D 🗌	12-5-	751		
dor	ne during most of work	ing life, even if retired	)	OF BOSINESS OR IND	OSIKI II.	BIRTHPLACE (Stole o	foreign country)	12. CITIZI	EN OF WHAT COUNTRY?
13.	FATHER'S NAME	//	1	TOMP	14.	MOTHER'S MAIDEN	I NAME		USA.
	Fra	nk	12:10	ekell		4KN	/		
15. (Ye	Wes Decesed Eve	r in U.S. Armed F. yes, give wor or do	orces? tes ol servic	e) 16. SOCIAL SECURITY NO.	17.	INFORMANT		¥	ADDRESS
-	18. 0 3	CI.		CAUSE OF	434				
	DISEASE C	R CONDITION D	IRECTLY	CAGUE OF	DUAIII	C 64	,	BE	APPROXIMATE INTERVAL
	(This does not r	DING TO DEATH	f dvina e	(A) IMMEDIA		Cillere	bre-Vasc	ulai.	- days
	heart lailure, asth	ienia, etc. Il mean olion which couse	s the disea	se,	OK AS A CC	NSEQUENCE OF:	icciden	6	
		ECEDENT CAUSE		(8)	ep	ticers	710		tays
	DISEASES OR ( nise to the a UNDERLYING CO	CONDITIONS, if bove cause (A) ONDITION last	any, givi slating t	ing DUE TO,	OR AS A C	ONSEQUENCE OF:	***************************************		
_		11					***************************************		
TION	I TO THE DEATH RE	T CONDITIONS CO	THE TEDMINA	G AL					
CERTIFICATION	19A. DATE OF OPE	RATION GIVEN IN PA	RT (A). NOITION FO RFORMED	R WHICH OPERATION		20A. AUTOPSY? (Yes	Or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS C	CONSIDERED EATH?
CAL	21A. ACCIDENT WOR CONTRIBUTING DEATH (notify med	AS UNDERLYINO [ D CAUSE OF icol exomined		21B. PLACE OF INJURY nome, form, foctory, streets.)	(e.g., in or	bldg., INJURY OCCU	D (II In Boltimo	re City, give	exocl locotion)
MEDI	21D. TIME (Mo OF INJURY (APPROX.)	onth) (Doy) (Year)		While At No	D While	21F. HOW DID	INJURY OCCUR?		
		(1) (-1) - 1	1	Work L. AI	Work	116/27			
	that (1) (we) last			the deceosed from		4-4-	19ta d that in(my) (our) op	1123	17/19
				(I) (We) (did) (did i	not) view		ith.	mon death	occurred an the date
	23A, SIGNATURE	2 /2	arh	anjousha	Attending		Shaff Phys.	238. DATE	SIGNED 171
	PHYSICIAM'S	V J.B	ARH	ANPURKA	23 D.	North	charl	for	sfital
24 A	BEMOVAL (Specil	ON, 24B. DATE	24C.		EGREE CREMAT	ORY  241	LOCATION (C	ity, lown, or o	county) (State)
260	DURIA	1-26	71 /	Mendour	dge	Cemi	DORSEY		ald.
LUN.	THAT O'M AS	7 Robert	E. Jail		7	SC. FUNERAL DIREC	10x - 727 6	form.	ADDRESS 21225
VS 1	150-REV. 1/1/68		1-1-1-1	***		01/3/1/	14-1119	14 430	DITUE, Dalla

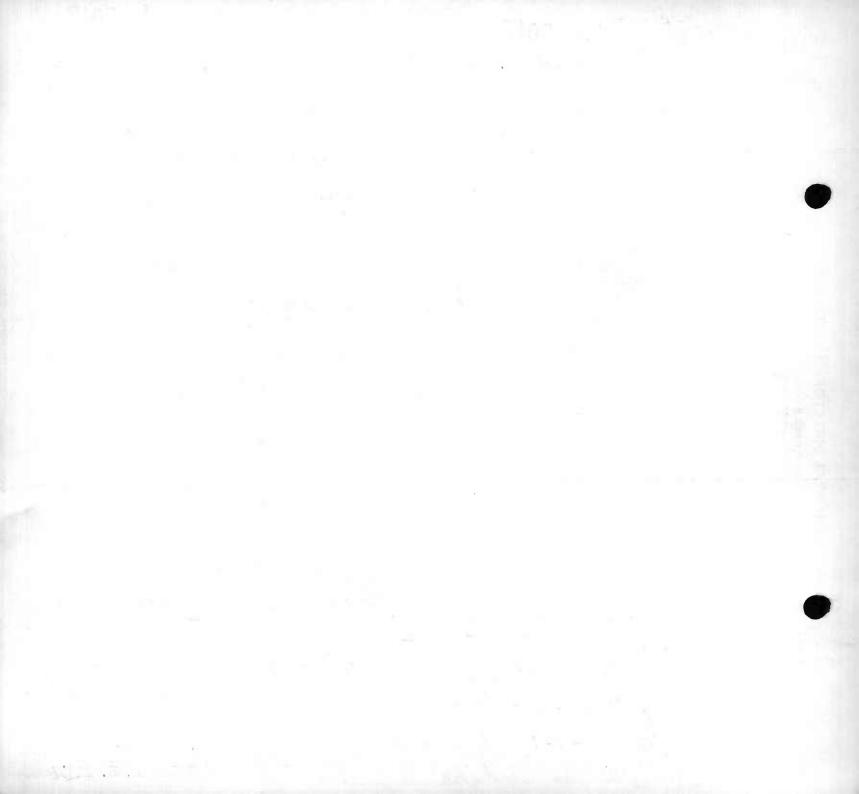
6/29/71 2817 Maisel St 21230

Wester and a service of the service

IMPORTANT

DIRECTOR:

FUNERAL



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-260	BALTIMORE CITY	HEALTH DEPARTMENT	to d' mond O
BIRTH NO. 71 70:	18 CERTIFICA	TE OF DEATH REG. NO	71 7018
(Type or Print)		2. DATE AND HOUR OF DEATH	
lucker, James	Sr.	2/ Jul )	1 850 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decosed lived. If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	marfand BALT	0. 530
HOSPITAL OR ADDRESS OR ACCATION		C. CITY OR TOWN	SIDE CITY LIMITS?
111 - Xvacay		Selfemore	YES NO
7 3		E. STREET AND NUMBER	
		801 Glenosew ave.	
5. SEX 6. RACE _ 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , if Under 24 Hrs.
	OWED DIVORCED	112-24-27  lost birthday)	Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work TOB. )	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) 720	free Readiness		12. CHIZEN OF WHAT COUNTRY
	· Lurge. mede	Co	2/9/
13. FATHER'S NAME	9	14 MOTHER'S MAIDEN NAME	
	Tucker	1 11 0	
Nacey		Tarrah, Laxaley	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Of yes, give war or dates of s	ervice) 1 6. SOCIAL	17. INFORMANT	ADDRESS
YOS WWZ		( sucher Sol	Sterview live
18. / / / 2	CAUSE OF DEAT	TO ALL CALLED	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTL	Λ	40 00 to 10	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Offer on forture	10 hrs
(This does not mean the mode of dying heart failure, asthenia, etc. II means the d	A.C. DUESO DOLO	A CONSEQUENCE OF:	
injury or complication which caused death	lisease,	_ (	
ANTECEDENT CAUSES	(2)	e out wetwe arriver )	Juan 2-1 Cen
	(8)		Lhote -
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	0
rise to the above cause (A) stating UNDERLYING CONDITION last.			
	(C)		
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TER		me congretare hant land	use La sur
DISEASE OR CONDITION GIVEN IN PART 1 (A)		7	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A)  17A-DATE OF OPERATION 17B CONDITION WAS PERFORME  121A-ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. A CODENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If In Boltima	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, farm, factory, street, of	fice bidg. INJURY OCCUR?	and Auto exect teresion!
U			
OF INJURY (Month) (Doy) (Year) (Hou	1 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not While At Work		
	TYOIK MI WORK		
		- 10	
22. I certify that (1) (this hospital) atte	nded the deceased from	19 2/ to 2/	192/
22. I certify that (I) (this hospital) atte that (I) (we) last saw the deceased aliv	~ / \ 0	1.01	
that (1) (we) last saw the deceased all	re on 2/ ful	ond that in (my) (our) op	/
that (1) (we) last saw the deceased allo and hour and from the causes stated ab	re on 2/ ful	ond that in (my) (our) op	Inion death accurred on the date
that (1) (we) last saw the deceased all	ve on	ond that in (my) (our) op lew the body after death.	/
ond hour and from the causes stated ab	ve on	ond that in (my) (our) op lew the body after death.	Inion death accurred on the date
ond hour and from the causes stated ab	ve on 2 / July ove. (I) (We) (did) (did not) v	ond that in (my) (our) op lew the bady after death.	Inion death accurred on the date
ond hour and from the causes stated ab	ve on 2 / July ove. (I) (We) (did) (did not) v	ond that in (my) (our) op  lew the bady after death.  Med. Director Phys.	Inion death accurred on the date
ond hour ond from the causes stated ab 23A SIGNATURE 23C: PHYSICIAN'S NAME IType)	pove. (I) (We) (did) (did not) v  DEGREE Phys	ond that in (my) (our) op  lew the body after death.  Inding Med. Staff Phys. 23D. ADDRESS	Inion death accurred on the date
ond hour and from the causes stated ab	pove. (1) (We) (did) (did not) v	lew the body after death.  Med. Shaff Phys. 23D. ADDRESS	Inion death accurred on the date
that (1) (we) last saw the deceased allowed hour and from the causes stated ab 23A SIGNATURE  23C. THYSICIAM'S NAME IType)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	pove. (I) (We) (did) (did not) v  DEGREE Phys	ond that In (my) (our) op  lew the body after death.  Med. Director Phys.  MATORY  24D. LOCATION (C	Inton deoth accurred on the date    238, DATE SIGNED
that (1) (we) last saw the deceased allowed and hour and from the causes stated ab 23A SIGNATURE  23C. PHYSICIAN'S NAME IType)  24A. BURIAL CREMATION, 24R. DATE REMOVAL (Specify)  BURIAL (Specify)	pove. (I) (We) (did) (did not) v  DEGREE Phys	Inding Med. Shaff Phys. Director Phys. Director MATORY 24D. LOCATION (C. M.)	Inton deoth accurred on the dote    23B. DATE SIGNED
that (1) (we) lost saw the deceased alice and hour and from the causes stated ab 23A SIGNATURE 23C. PHYSICIAN'S NAME IType)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  BURIAL (Specify)	DEGREE Physics of CRE  24C.NAME of CEMETERY of CRE  Glen Haven	ond that In (my) (our) op  lew the body after death.  Med. Director Phys.  MATORY  24D. LOCATION (C	Inton death accurred on the date    238, DATE SIGNED
that (1) (we) lost saw the deceased alice and hour and from the causes stated ab  23A SIGNATURE  23C. PHYSICIAN'S NAME ITYPE  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  BURIAL (Specify)	DEGREE Physics of CRE  24C.NAME of CEMETERY of CRE  Glen Haven	Inding Med. Shaff Phys. Director Phys. Director MATORY 24D. LOCATION (C. M.)	inton death accurred on the date    23B. DATE SIGNED

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

7-652 71 71	040				
KIH NO.	T.L.S	CERTIFICA	TE OF DEAT	H REG. NO.	1 7019
NAME OF DECEASED			2. DA	TE AND HOUR OF DEATH	
rpe or Print) FRANZ, JO	SEPH AL	OYSIUS		JULY 21 1971	10;30AM M
PLACE IN BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	A. STATE B.	(Where deceased lived, I( i	nstitution: residence before admission
ILL NAME OF (IF NOT IN HOS	PITAL OR INSTIT	UTION, GIVE STREET	MARYLAND	- Baltimor	e County 3 300
OSPITAL OR ADDRESS OR LO	CATION)		C. CITY OR TOWN		SIDE CITY LIMITS?
L ST AGNES	HOSPIT	AL	BALTIMOR E. STREET AND NUM		YES NO X
70					21228
SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	% AGE (In years	If Under 1 Ys., Il Under 24 Hrs.
MALE WHITE	WIDOWED		04/21/35	last birthdoyl	Menths Days Hours Min.
LUSUAL OCCUPATION (Give kind of w		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	at foreign country)	12. CITIZEN OF WHAT COUNTRY
SALESMAN	DICT	APHONE CORP	MARYLAND	Baltimore	USA
FATHER'S NAME			14. MOTHER'S MAIDE	N NAME	
LAWRENCE FRANZ			MARGARE	T KELLY	
Was Deceased Ever in U. S. Armed s, no or unknown) (If yes, give war er d	Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	20,200 20,000	Yes	ST AGNES	HOSPITAL BA	LTO MD 21229
18.4.5 O XI		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION		7.1	T at Pala	many Infanci	
LEADING TO DEAT		(A) IMMEDIATE CAU	SE	chary on farci	ion
(This does not mean the mode heart failure, asthenia, etc. It mea			A CONSEQUENCE OF:		
Injury or complication which caus	ed death.)	•			
ANTECEDENT CAUS		(e)			
ANTECEDENT CAUS	SES If any, giving		A CONSEQUENCE OF:		
ANTECEDENT CAUS	SES If any, giving		A CONSEQUENCE OF:		
ANTECEDENT CAUS DISEASES OR CONDITIONS, is to the above cause (	SES If any, giving	(c)		3:(5., (4)	
ANTECEDENT CAUS DISEASES OR CONDITIONS, is to the above cause (J UNDERLYING CONDITION last,	SES  If any, giving  A) staling the  CONTRIBUTING	(c)		Bilateral physicalist and	Lura
ANTECEDENT CAUS DISEASES OR CONDITIONS, in the lottle of the above cause (UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT.)	SES  If any, giving A) staling the CONTRIBUTING OTHE TERMINAL PART 1 (A).	Ventricula offusin,	a preurysm Resolving	sigocardial Int	
ANTECEDENT CAUS DISEASES OR CONDITIONS, in the lottle of the above cause (UNDERLYING CONDITION last.  11 OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IN	SES  If any, giving A) staling the CONTRIBUTING OTHE TERMINAL PART 1 (A).	Ventricula offusin,		sigocardial Int	FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUS  DISEASES OR CONDITIONS, I rise to the above cause (// UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITIONS ( TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT 19A-DATE OF OPERATION 198. C WAS F	SES  If any, giving A) staling the CONTRIBUTING O THE TERMINAL PART 1 (A).  ONDITION FOR PERFORMED	Ventricula  officialin  which operation	200A. AUTOPSY? (YOU YES	or No. 208, IF YES, WERE IN CERTIFYING CA	
ANTECEDENT CAUS DISEASES OR CONDITIONS, in the lot the above cause (A UNDERLYING CONDITION last, and the lot the death but not related to the death but not related to disease or condition given in 1974. Date of operation 1974. C WAS F	SES  If any, giving A) staling the CONTRIBUTING O THE TERMINAL PART 1 (A).  ONDITION FOR PERFORMED	Wentricula  offusin,  WHICH OPERATION  LPLACE OF INJURY (a.g., in no. form, factory, street, of	200A. AUTOPSY? (YOU YES	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUS  DISEASES OR CONDITIONS, in the second course of the above cause of underlying condition last.  OTHER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT.  19A. DATE OF OPERATION 198. CONTENSUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (Ye	SES  If any, giving A) staling the CONTRIBUTING OTHE TERMINAL PART 1 (A).  ONDITION FOR PERFORMED	Wentricula  Affinsin,  WHICH OPERATION  LPLACE OF INJURY (a.g., in  ne, form, factory, street of  INJURY OCCURRED	20 A AUTOPSYS (Yes YES  1 or about 21 C. WHERE Fice bldg. INJURY OCC	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUS  DISEASES OR CONDITIONS, it is to the above cause (I)  UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT 19A-DATE OF OPERATION 19A-DATE OPE	SES  If any, giving A) staling the CONTRIBUTING OTHE TERMINAL PART 1 (A).  ONDOTION FOR PERFORMED  218 honores.  (Hour) 21E Wh	WHICH OPERATION  LPLACE OF INJURY (a.g., in nee, form, factory, street, of the st	20A. AUTOPSYS (Yes YES 1 or about 21C. WHERE Fice bldg. INJURY OCC	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUS  DISEASES OR CONDITIONS, I ise to the above cause (// UNDERLYING CONDITION last,	SES  If any, giving A) staling the CONTRIBUTING OTHE TERMINAL PART 1 (A).  ONDOTION FOR PERFORMED  218 hometic with the control of the contro	WHICH OPERATION  LPLACE OF INJURY (e.g., in the form, foctory, street, of the foctory)  INJURY OCCURRED  While At Not While At Work	20A. AUTOPSYR (Yes YES n or about 21 G. WHERE Rice bldg., INJURY OCC	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacation)
ANTECEDENT CAUS  DISEASES OR CONDITIONS, in the labove cause (I/ UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 1974. DATE OF OPERATION 1978. CWAS POPULATION CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Day) (Ye of INJURY (APPROX.)	SES  If any, giving A) staling the CONTRIBUTING OTHE TERMINAL PART 1 (A).  ONDITION FOR PERFORMED  218 homete.  and (Houn) 21E William (Houn) 21E	WHICH OPERATION  LPLACE OF INJURY (e.g., in foctory, street, of the control of th	20A. AUTOPST? (Yes YES n or about 21 G. WHERE fice bldg. INJURY OCC 21F. HOW D	or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacotion)
ANTECEDENT CAUS DISEASES OR CONDITIONS, inse to the above cause (A UNDERLYING CONDITION last, I OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 179A-DATE OF OPERATION 199A-C WAS PARTIES OF CONTRIBUTING CAUSE OF DEATH (notify medical examined 121D-TIME (Month) (Doy) (Year CAPPROX)  22. I certify that (A) (this hospithat (A) (we) last saw the decent	SES  If any, giving A) stating the  CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR PERFORMED  218 hom etc. wh was ital) attended to	WIN TO CUICA  OFFICE OF INJURY (e.g., in ne. form, foctory, street of site of the control of the	Preury Sm Resolving    20A. AUTOPSTR (Year YES  n or about   21C. WHERE fice bldg.   INJURY OCC  21F. HOW D	or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacation)
ANTECEDENT CAUS DISEASES OR CONDITIONS, in the lot the above cause (I/UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITION SO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 1974. DATE OF OPERATION 1974. CWAS FOR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Day) (Ye OF INJURY (APPROX.)	SES  If any, giving A) stating the CONTRIBUTING OTHE TERMINAL PART 1 (A).  ONDITION FOR PERFORMED  218 homely and (House 21E Why was a state of the control	WIN TO CUICA  OFFICE OF INJURY (e.g., in ne. form, foctory, street of site of the control of the	Preury Sm Resolving    20A. AUTOPSTR (Year YES  n or about   21C. WHERE fice bldg.   INJURY OCC  21F. HOW D	or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacation)
ANTECEDENT CAUS  DISEASES OR CONDITIONS, in the lot the above cause (I UNDERLYING CONDITION last, I OTHER SIGNIFICANT CONDITION IS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT I THE DEATH BUT NOT RELATED TO DISEASE OF OPERATION 1984. WAS I 1984. DATE OF OPERATION 1984. OR CONTRIBUTING CAUSE OF DEATH (notify medical examined 21D. TIME (Month) (Day) (Ye OF INJURY (APPROX.)  22. I certify that (I) (this hospit that (I) (we) last saw the deceand have and from the causes a 23A, SIGNATURE	SES  If any, giving A) stating the CONTRIBUTING OTHE TERMINAL PART 1 (A).  ONDITION FOR PERFORMED  218 homely and (House 21E Why was a state of the control	WHICH OPERATION  LPLACE OF INJURY (e.g., in ne, form, foctory, street, of street)  INJURY OCCURRED  At Work  The deceased from  107/21/71  ((We) (did) (d)4/n%) v	20A. AUTOPSY? (Yes YES n or about 21G. WHERE fice bldg. INJURY OCC 21F. HOW D 07/18/71 19 1ew the body after d	or No. 208, IF YES, WERE IN CERTIFYING CADUR?  OF INJURY OCCUR?  19	FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacation)  /21/71 19
ANTECEDENT CAUS  DISEASES OR CONDITIONS, it is to the above cause (I UNDERLYING CONDITION last, UNDERLYING CONDITION last, I OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT.  19A. DATE OF OPERATION 19A. OWAS I UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Day) (Yeof INJURY (APROX)  22. I certify that (I) (this hospithat (V) (we) last saw the decent and haur and from the causes at 23A, SIGNATURE  33C. PHYSICIAN'S	SES  If any, giving A) stating the CONTRIBUTING OTHE TERMINAL PART 1 (A).  ONDITION FOR PERFORMED  218 homely and (House 21E Why was a state of the control	WHICH OPERATION  LPLACE OF INJURY (e.g., in form, foctory, street of the foctory).  LINJURY OCCURRED Not While At Work the deceased from 07/21/71  ((We) (did) (d)(X)(X) V  H. D SEGREE Physical Control of the foctory).	200. AUTOPSY? (Yes YES n or about 21C. WHERE Rice bldg. INJURY OCC 21F. HOW D 07/18/71 19 1ew the body after d nding Med. Director	or No. 208, IF YES, WERE IN CERTIFYING C./ DID (If In Baltima  D INJURY OCCUR?  19	FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacation)  /21/71 19
DISEASES OR CONDITIONS, it is to the above cause (UNDERLYING CONDITIONS) it is to the above cause (UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED IT DISEASE OR CONDITION GIVEN IN FIGURE 1974. DATE OF OPERATION 1974. DATE OF OPERATION 1974. OR CONTRIBUTING CAUSE OF DEATH (notify medical examined 1975.)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined 1975.)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined 1975.)  21A. ACCIDENT WAS UNDERLYING (Month) (Doy) (Year OF INJURY (APPROX.)  22A. I certify that (I) (this hospithat (I) (we) last saw the deceand hour and from the causes at 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Typel	SES  If any, giving A) stating the contributing of the Terminal PART 1 (A).  ONDITION FOR PERFORMED  218 homele, and (Hous) 21E WWw.  Www.  Ital) attended the anset alive ali	WHICH OPERATION  LPLACE OF INJURY (e.g., in form, foctory, street of the foctory).  LINJURY OCCURRED Not While At Work the deceased from 07/21/71  ((We) (did) (d)(X)(X) V  H. D SEGREE Physical Control of the foctory).	PRESOLVING    20A. AUTOPST? (Yes YES n or about 21 G. WHERE fice bidg., INJURY OCC   21F. HOW D   07/18/71   19	or No. 20B, IF YES, WERE IN CERTIFYING C./ DID (If In Baltima  D INJURY OCCUR?  19 ta 0.7  Ind that InXov) (aur) apeath.  AGNES HOSPIT	FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact lacation)  121/71 19  Inlian death accurred an the dat  238, DATE SIGNED  7-21-71
DISEASES OR CONDITIONS, I ise to the above cause (I UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITION SO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT 19A-DATE OF OPERATION 19A-DATE OF OPERATION 19A-DATE OF OPERATION 19A-DATE (Month) (Doy) (Ye WAS F)  21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D-TIME (Month) (Doy) (Ye OF INJURY (APPROX.)  22. I certify that (I) (this hospithat (I) (we) last saw the deceand have and from the causes at 23A-SIGNATURE  23C-PHYSICIAN'S NAME (Typel DR VARGAS)  A-BURIAL CREMATION, 1246, DATE	SES  If any, giving A) staling the CONTRIBUTING OTHE TERMINAL PART 1 (A).  ONDITION FOR PERFORMED  218   Who was a stated above. (  Gay John Son Jo	WHICH OPERATION  LPLACE OF INJURY (e.g., in no. form, factory, street, of the factory, street, of the deceased from 07/21/71  ((We) (did) (d)(X)(X)(X)  DEGREE  Physical Control of the deceased from 07/21/71  ((We) (did) (d)(X)(X)(X)(X)(X)(X)(X)(X)(X)(X)(X)(X)(X)	Precional Resolving    20A. AUTOPSYR (Year YES)   1 or about 21C. WHERE     1 or about 21C. WHERE     1 or about 21F. HOW D   21F. HOW D   1 or about 21C. WHERE     21F. HOW D   21F. HOW	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  FOR City, give exact lacation)  19  Inlan death accurred an the date  238, DATE SIGNED  17  17  17  18  10  10  10  10  10  10  10  10  10
ANTECEDENT CAUS  DISEASES OR CONDITIONS, in the lot the above cause (UNDERLYING CONDITION last, In the lot of l	SES  If any, giving A) staling the CONTRIBUTING OTHE TERMINAL PART 1 (A).  ONDITION FOR PERFORMED  218   Who was a stated above. (  Gay John Son Jo	WHICH OPERATION  LPLACE OF INJURY (e.g., in a form, foctory, street of the foctory).  LPLACE OF INJURY (e.g., in a foctory).	Precional Resolving    20A. AUTOPSYR (Year YES)   1 or about 21C. WHERE     1 or about 21C. WHERE     1 or about 21F. HOW D   21F. HOW D   1 or about 21C. WHERE     21F. HOW D   21F. HOW	or No. 20B, IF YES, WERE IN CERTIFYING CANDID (If In Bollimo UR?  19 to 0.7  Ind that InXNy) (aur) appeath.  AGNES HOSPIT CATON AVES BA	FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact lacation)  121/71 19  Inlian death accurred an the dat  238, DATE SIGNED  7-21-71
ANTECEDENT CAUS  DISEASES OR CONDITIONS, I nise to the above cause to underlying condition last.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT 19A-DATE OF OPERATION 19A-DATE (Month) (Doy) (Ye of INJURY (APPROX.)  21D-TIME (Month) (Doy) (Ye of INJURY (APPROX.)  223. I certify that (I) (this hospithat (I) (we) last saw the deceand have and from the causes at 23A-SIGNATURE  23A-SIGNATURE  23C-PHYSICIAN'S NAME (Typel  DR VARGAS  A. BURIAL CREMATION, 248. DATE REMOVAL (Specifyl  Burial 7/24	SES  If any, giving A) staling the CONTRIBUTING OTHE TERMINAL PART 1 (A).  OND THOS FOR PERFORMED  OND THOS FOR WAY WO Ital) attended the ased alive anstated above. (  Gay A S , MD  24C. N	WHICH OPERATION  LPLACE OF INJURY (e.g., in one form, foctory, street, of the deceased from the deceas	PREVIOUS PRE	or No. 20B. IF YES, WERE IN CERTIFYING CANDID (If In Boltimo UR?  19 to 07  Ind that InXiv) (aur) appeath.  AGNES HOSPIT CATON AVES BARAD. LOCATION (C. B.)	FINDINGS CONSIDERED AUSES OF DEATH?  FOR City, give exact lacation)  19  Inlan death accurred an the date  238, DATE SIGNED  17  17  17  18  10  10  10  10  10  10  10  10  10
ANTECEDENT CAUS  DISEASES OR CONDITIONS, I ise to the above cause to underlying condition last.  OTHER SIGNIFICANT CONDITIONS OF CONDITIONS OF CONDITION GIVEN IN IT IPA-DATE OF OPERATION 198. CWAS FOR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D-TIME (Month) (Doy) (Ye OF INJURY (APPROX.)  22. I certify that (I) (this hospithat (I) (we) last saw the deceand have and from the causes at 23A, SIGNATURE  23G-PHYSICIAN'S NAME (Typel DR VARGAS)  A. BURIAL CREMATION, 248. DATE REMOVAL (Specifyl Burial ADATE REC'D BY HEALTH DEPT.	SES  If any, giving A) staling the CONTRIBUTING OTHE TERMINAL PART 1 (A).  OND THOM FOR PERFORMED  OND THOM FOR WAR 1 (A).  OND THOM FOR PERFORMED  OND THOM FOR PERFORMED  OND THOM FOR PERFORMED  AND THE PERFORMENT OF THE PERFOR	WHICH OPERATION  LPLACE OF INJURY (e.g., in one form, foctory, street, of the deceased from the deceas	PREVIOUS PRE	or No. 20B, IF YES, WERE IN CERTIFYING CANDID (If In Bollimo UR?  19 to 0.7  Ind that InXNy) (aur) appeath.  AGNES HOSPIT CATON AVES BA	FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact location)  121/71 19  Inlan death accurred an the date  238, DATE SIGNED  1238, DATE SIGNED  124
ANTECEDENT CAUS  DISEASES OR CONDITIONS, I rise to the above cause to underlying condition last.  OTHER SIGNIFICANT CONDITION SO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT 19A-DATE OF OPERATION 19A-DATE OF OPERATION 19A-DATE OF OPERATION OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (Ye OF INJURY (APPROX.)  22. I certify that (I) (this hospithat (I) (we) last saw the deceand hour and from the causes at 23A, SIGNATURE  23A, SIGNATURE  23A, SIGNATURE  DR VARGAS  A. BURIAL CREMATION, 24B, DATE REMOVAL (Specify)  BUT 121  A. DATE REC'D BY HEALTH DEPT.	SES  If any, giving A) staling the CONTRIBUTING OTHE TERMINAL PART 1 (A).  OND THOS FOR PERFORMED  OND THOS FOR WAY WO Ital) attended the ased alive anstated above. (  Gay A S, MD  24C. N	WHICH OPERATION  LPLACE OF INJURY (e.g., in one form, foctory, street, of the deceased from the deceas	PREVIOUS PRE	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact lacation)  1/21/71 19  Inlan death accurred an the date of the date

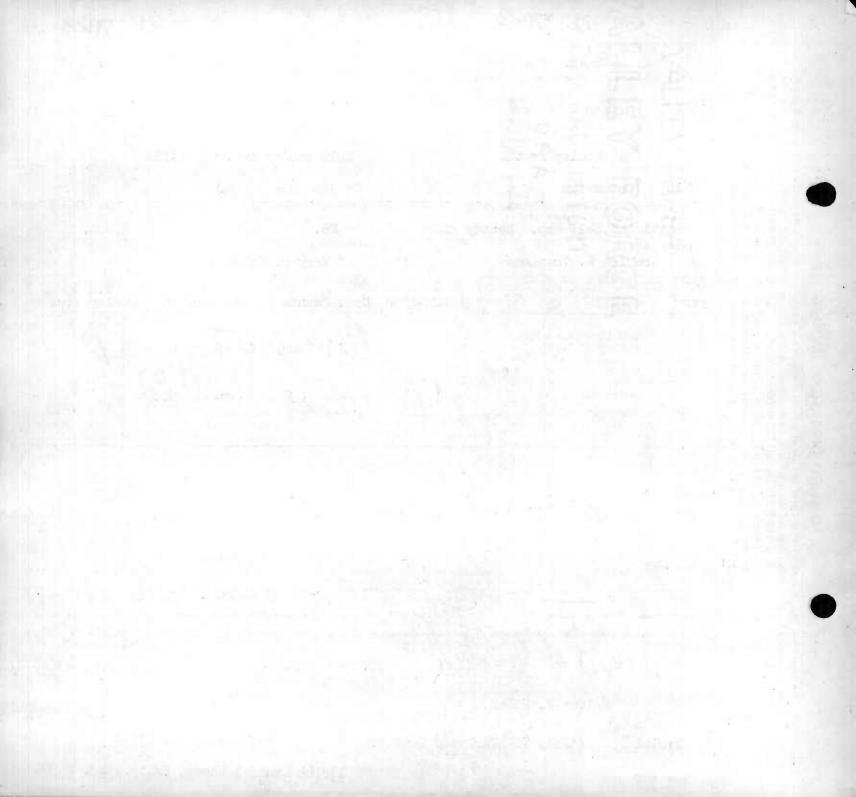
71-1-1 the second little and the the state of the s A CONTRACT OF THE PARTY OF THE

The second second

VS 151-REV. 1/1/68

W-45 BIRTH NO.	5271 71	021		HEALTH DEPARTMENT OF DEAT		1 7	021	
I. NAME OF DE	CEASED							
(Type or Print)	illiams, Alvi	na Marv		2. DA	TE AND HOUR OF DEAT			
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	July 20, 1971	in stitutions s	4:20 A.	
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland	BALTO	manionon, r	esidence beidle dam	issian)
U.S. Pul	blic Health Se		Hospital	Lynch Point	5	ISIDE CITY L	IMITS?	
2X			L.L.	3119 Green				
Female	6. RACE White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 11-6-11	9. AGE (In years lost, birthday)	II Unde Months	Poys Hours A	4 Hrs.
OA, USUAL OCC	UPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	f foreign country	lia curi	7511 05 11111 2 2 2 2	
Housewi	ife			Maryla		U.S	ZEN OF WHAT COL	JNTRY
3. FATHER'S NA				14. MOTHER'S MAIDEN		0.10	• • • • • • • • • • • • • • • • • • • •	
	Wojgkowiak			Unknown				
es, no or unknown	Ever in U. S. Armed Ferd Ill yes, give war ar dole	ces? s at service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		<u> </u>	ADDRESS	
No			Unknown CAUSE OF DEATH	U.S. PUBLIC	Health Servic	e, Bal	to. Md. 2	121
(This does n heart lailure, injury ar carr	SE OR CONDITION DIR LEADING TO DEATH nal mean the mode of asthenia, etc. It means aplication which caused ANTECEDENT CAUSES	dying, e.g.,	DUE TO, OR AS A	Electrolyte CONSEQUENCE OF:	Imbalance		days	Historia
DISEASES C	OR CONDITIONS, if	any, giving	(B) dehydrat	A CONSEQUENCE OF:			days	
rise to the	e above cause (A) G CONDITION last.	staling the		a -head of th	ne pancreas		Months	
TIO THE DEAT	II ICANT CONDITIONS CON H BUT NOT RELATED TO TH ONDITION GIVEN IN PART	E TERMINAL	***************************************					
19A-DATE OF	OPERATION 19R CONE	OTTON FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS USES OF D	CONSIDERED DEATH?	
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined	21 B, home etc.)	PLACE OF INJURY (e.g., in s, form, factory, street, affi	or about 21C WHERE DE	D (II In Boltimo	re City, give	exact location)	
21 D. TIME OF INJURY (APPROXI	(Manth) (Doyl (Year)		INJURY OCCURRED  Not White At Work		INJURY OCCUR?			
22. 1 certify	that (1) (this hospital) last sow the deceased	attended th	e deceased from J	ine 14	19 71 to Jul	y 20	19_7	<u> </u>
			July 19 (We) (did) (did hoby) his	19and	that In (my) (aur) opi	nian death	accurred on the	date
23A/SIGNATU	RE 1/11/	,	Y> / Gral (m/d/Mot/) Viii	aw the body after dea	fh.	long 5 acc		
Robert	K- Unight	Mo	Atten.	ding Med. Director	Staff Phys.	23 R. DATE		vs
Robert	R. Wright, M	.D.	V.	S. PHS Hospi	tal, 3100 Wym	an Pk.	Dr. Balto	0
A. BURIAL CREA REMOVAL (S	MATION, 24B. DATE		ME of CEMETERY OF CREA			ly, town, or		
burial	25 July	71 Oak	Lawn Cemetery		Balto. Co., 1			
JUL 27 1	971 Robert E	Faiber		25C. FUNERAL DIRECT	neral Home, D	-	ADDRESS	
150-REV. 1/1/6	8			15 printing L fr	retail nome, 2	uridalk	MIC. KIKK	5

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VS 151-REV. 1/1/68

7/29/71-Refugerator fell
on acceased - Enform
from med. exam toffice ria shore
Social Security Record
8-24-71 M.H.

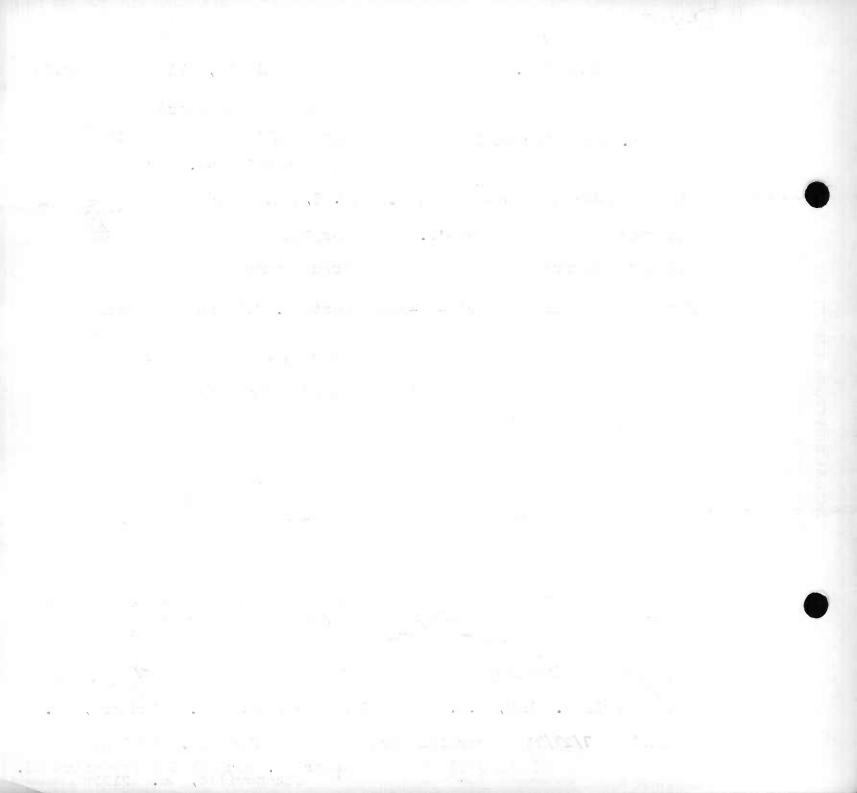
VS 150-REV. 1/1/68

DIVE			BALTIMORE CITY	HEALTH DEPARTMENT	V 100	
1)-415 BIRTH NO.	71 70	)24	CERTIFICA	TE OF DEATH	REG. NO.	1 7024
1. NAME OF DEC	EASED			2. DATE A	AND HOUR OF DEATH	Z
2 81 4 65 111 8 41	Vincent	R. Da	lfonzo	Ju]	ly 24,1971	12:35 M
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COU	nere deceased lived. If in	stitution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE-STREET	Maryland c. city or fown	Baltimore	DE CITY LIMITS?
40	St. Agnes He	neni+a	1	Catonsvil	le	YES NO
/	oc. Agries in	ospica		e. STREET AND NUMBER  1402 Midva		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	White	WIDOWED	_	Nov. 3,1925	last birthdoy) 45	Months Doys Hours Min.
OA, USUAL OCC	UPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lo		12. CITIZEN OF WHAT COUNTRY
one during most of	working life, even if retired)					The street of what cooking
Attorr 3. FATHER'S NA	iev	US	Gov't.	Maryland		USA
3. FATHER'S NAI	ME			14. MOTHER'S MAIDEN NA	AME	
Anthor	y Dalfonzo			Grace Lama	artina	
5. Was Deceased	Ever in U. S. Armed Ford	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	ut yes, give wor or dole	s or service)	SECURITY NO.			
Yes	WW II		218-26-9510		Dalfonzo	Same
	0,7		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DIS LEADING TO DEATH	RECTLY			i.	
heart Iailure, injury at com	not meen the mode of asthenio, etc. It means uplication which caused ANTECEDENT CAUSES	the disease, death.)	(A) IMMEDIATE CAU	SE ACUTE CONSEQUENCE OF: CAUGINE ÍN	KARCTION	/
rise to the	OR CONDITIONS, if a bove cause (A) CONDITION last.	any, giving stating the	(c)	A CONSEQUENCE OF:	*************	
I TO THE DEAT	II ICANT CONDITIONS COPE H BUT NOT RELATED TO THE ONDITION GIVEN IN PART OPERATION [198, CONTINUE OF THE ONLY THE ONLY THE OPERATION [198, CONTINUE OF THE OPERATION [198, CONTINUE OPERATION [198,	ie Terminal	WICH ORFRANION	PAA	***************************************	
	WAS PERF	ORMED	THICH OFERATION	20A. AUTOPSY? (Yes of N	IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	21 B, home	, torm, toctory, street, of	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(II In Baltimore	City, give exoct locotion)
21D. TIME OF INJURY (APPROX)	(Month) (Doy) (Yeor)	(Hour 21 & Whit	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
		Work	At Work			
	that (1) (this hospital) last saw the decease		e deceased from		19 (mv) (per) apl	19 7
and haur and	from the causes state	ed above. (I)	CHEST CATAL CAMPAGES	ew the bady after death.		and decomposition of the date
23A. SIGNATU		1111	(met (qid) (qi <del>n tiqt)</del> Vi	ew the body after death.		COR DATE SIGNED
	1/4.0. 61		Atter	ding Med.	Stoff [7	23R, DATE SIGNED
23C. PHESTCIA	Mrs Class (A)	THAVE	DEGREE Phys.	Director L.	Phys.	1/297/
4A. BURIAL CREA	MATION, 248, DATE	Shaw. N	ME of CEMETERY OF CREA	5800 Edmonds		Itimore, Md.
Buria	1 7/27/		orraine Parl		altimore, M	aryland
JIII 27	PARALTH DEPT.	25B NAME OF	PREGISTRAR	25C. FUNERAL DIRECTO		ADDRESS 1 Frederick Rd.

Baltimore, 25C. FUNERAL DIRECTOR Edward 5. MacNabb

301

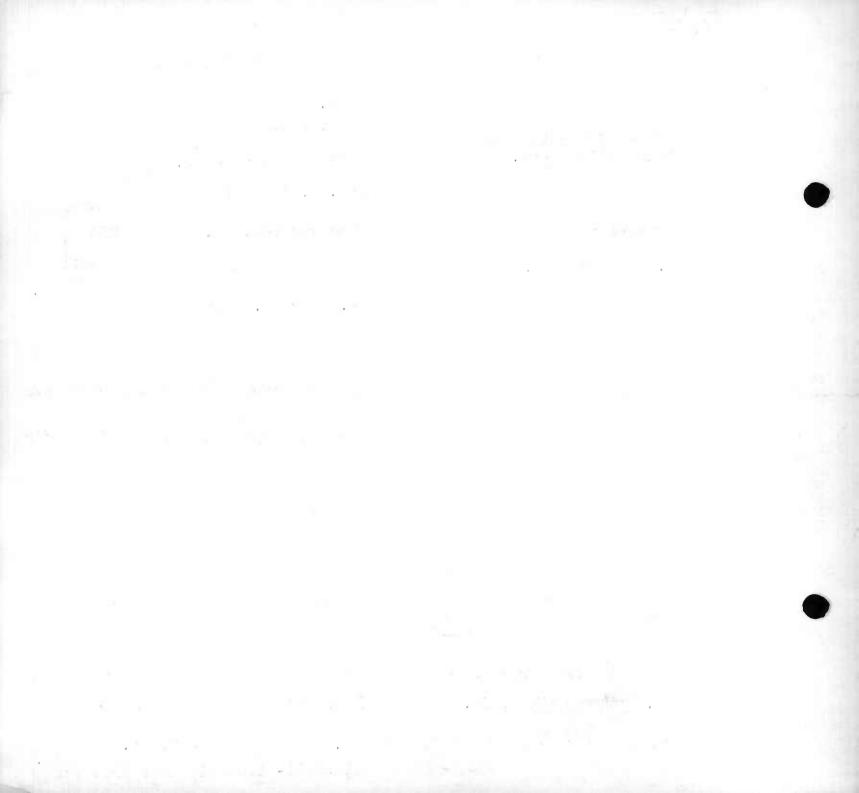
ADDRESS Frederick Rd.



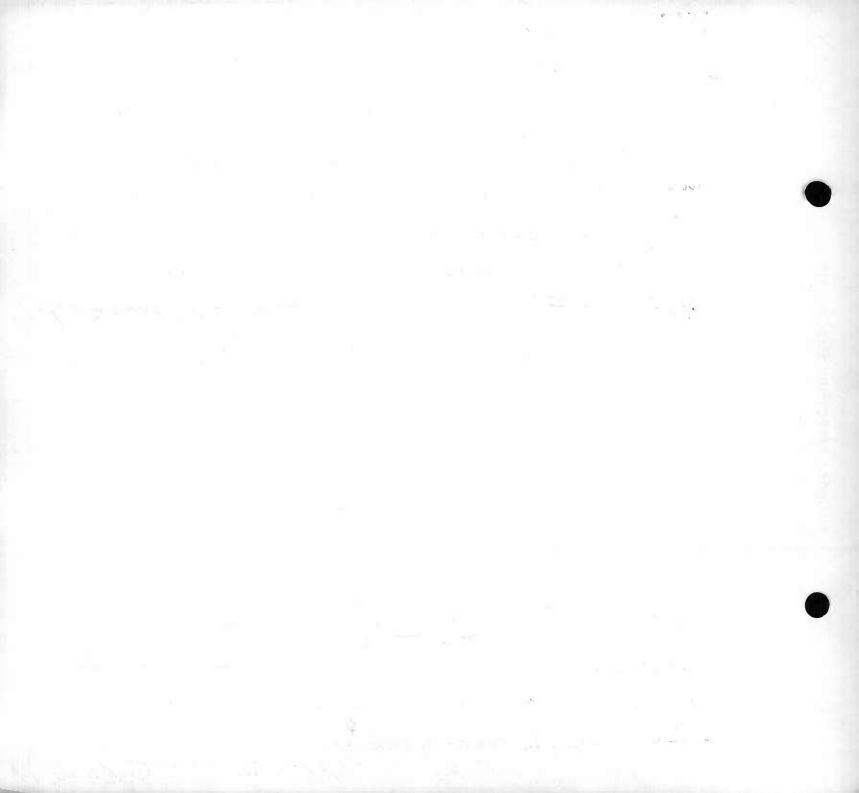
VS 150-REV. 1/1/68

1	M-560 BALTIMORE C	ITY HEALTH DEPARTMENT
the ch	BIRTH NO. DA DOZ.5 CERTIFIC	ATE OF DEATH REG. NO. 71 7025
L V	1. NAME OF DECEASED / L. Louise Monroe	2. DATE AND HOUR OF DEATH
h.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	July 22, 1971 12:35m. M.
death.		A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
attend ior to		Baltimore YES K NO
	Edgewood Nursing Home 6000 Bellona Ave.	E. STREET AND NUMBER
0 0		116 Castlewood Rd.
regul eased is ma	F WIDOWED DIVORCED	Jan. 8, 1904 67 Min.
ece on i	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
0 =	Housewife	Westminster, Md. USA
was the sposi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
E = ==	Dr. Charles Foutz	Carrie Brown
B 0 _	15. Was Doceased Ever in U. S. Armed Forces? (Yes, no or unknown) [Iff yes, give wor or dotos of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT ADDRESS Rd.
d de ance r fina	No	Mr. Harry C. Monroe 116 Castlewood
anda d or	18.403 X I CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3 ÷ 0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	exand Vyelonephritis mouth
a a a	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	AUSE A CONSEQUENCE OF:
900	injury of complication which caused death.) Hyper M	turing and Advend Strait there 14 gens
regu	ANTECEDENT CAUSES	and the first the first of the
- 8		AUSE AS A CONSEQUENCE OF:  LUSION and Advend Steroid therapy 14 years  AS A CONSEQUENCE OF:  LUMBER OF HALLENS AS A CONSEQUENCE OF:  LUMBER OF HALLENS AS A CONSEQUENCE OF:
0 5	UNDERLYING CONDITION lost. (c)	Cumelous Tslaulis 7 years
5 3 E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	2 2
cian he re	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	none
the ysic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 179A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING TO 121B. PLACE OF INJURY (CO.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
here the	Con Contract of the Contract o	office bidg., INJURY OCCUR?
	S DEATH (natify medical examiner) etc.)	
	21D-TIME (Month) (Doy) (Yeorl (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
nd (6	(APPROX.) Work At Wo	hile
o do	22. I certify that (1) (this hospital) attended the deceased from	September 12 19 63 to Taly 22 1971
25g	that (i) (we) lost saw the deceased alive on 2/4/4/2/	19 and that In(my) (our) opinion death occurred on the date
hospital (e) o death); a I must be ok	and hour and from the causes stated above. (1) (We) (and) (did not)	
P G	1-201-1 A	thending Med. Staff Director Phys. Director Phys. Director Phys. Director Phys. Director Director Phys. Director Directo
2 4 0 7	23C. PHYSICIAN'S DEGREE	123D. ADDRESS
pro pro	L. Myrton Gaines, Jr.	. 7800 York Road Towson, Md.
app app	24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
was D.O.A. at a h deceased prior to written approval	Burial 7/24/71 Meadow Branch	Cem. Westminster, Md.
as eco	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Rd.
\$03	JUL 27 1971 Robe & Falle M.D.	Mitchell-Wiedefeld Home 6500 York

Mitchell-Wiedefeld Home 6500 York



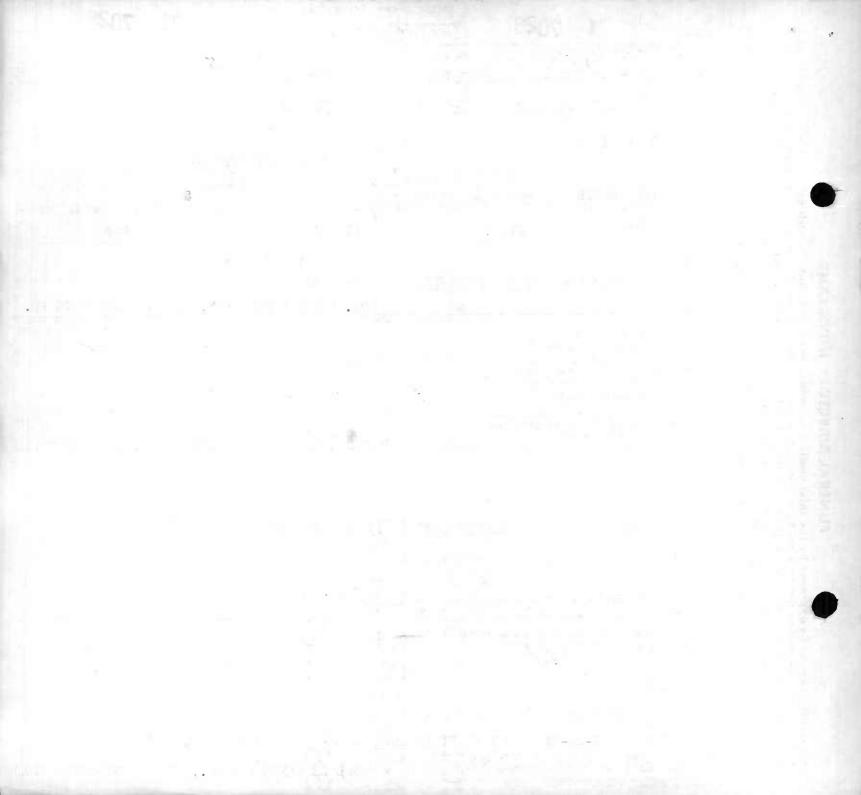
P-620 71 702 BIRTH NO. 71 702		TE OF DEATH	REG. NO. 71	7026
1. NAME OF DECEASED (Type or Print)  TANLEY	W. PARKC	2. DATE AND	HOUR OF DEATH	. 630
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	eceosed lived, II institu	tion: residence belore admission
Wash.	R INSTITUTION, GIVE STREET	OND, GLE	~ BURNI	LAA 520
INSTITUTION		C. CITY OR TOWN		CITY LIMITS?
2 8		G. CEN DURKI	E YI	ES NO -
		1009 Toma	Rd.	
5. SEX   6. RACE   7. M	ARRIED NEVER MARRIED			Hadar 1 Vr. II Hadar 24 No.
m WII	DOWED DIVORCED	12-24-27 05	birthdoy) M	Under 1 Yr., II Under 24 Hrs. anths Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 108, dane during most of warking life, even if refired)	KIND OF BUSINESS OR INDUSTRY		country) 1	2. CITIZEN OF WHAT COUNTRY
STREEL WORKER EN	st Stundar Steel	mb,		usa
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
FRANK	Pareke	DOROTHY	RIDGE	14
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of	1 6. SOCIAL	17. INFORMANT	1 FUR	ADDRESS
(A.M. Was all was all a series of se	SECURITY NO.	and a	La - 0	1. ( )
118	CAUSE OF DEATH	MATHUI	14 K.10	exstape/
DISEASE OR CONDITION DIRECTS			2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH		Carcinomock	The Que	11 2 mot
(This does not mean the mode of dyin heart failure, asthenia, etc. It means the a injury or complication which coused death	diseose,	CONSEQUENCE OF:	and profession	21000
DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) state UNDERLYING CONDITION lost.	giving DUE TO, OR AS ng the (C)	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERM	MINAL			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2 YES	DB. IF YES, WERE FIND CERTIFYING CAUSES	INGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, olf etc.)	or obout 21C. WHERE DID	(If In Boltimore Ci	ly, give exact location)
21D-TIME (Month) (Day) (Year) (Har	ui) 21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
[APPROX.]	While At Not While Work	П		
22. I certify that (T) (this hospital) atte		704/1	5/2	2/5/
that (1) (we) last saw the deceased all			n(my) (our) opinion	deoth occurred on the date
		ew the body after deoth.		
and haur and from the couses stated of	And (1) (me) (ala) (ala-mol) ()			
and haur and from the couses stated of 23A. SIGNATURE	) (1) (1-4) (did) (did fier) (1)		238	DATE SIGNED
Michael A Char	m D DEGREE After	ding Med. Staf	10	DATE SIGNED
23A. SIGNATURE  Michael A Clee  23C. PHYSICIAN'S NAME (Type)	m D DEGREE After		10	7/23/>/
23A. SIGNATURE  Michael A Che- 23C. PHYSICIAN'S NAME (Type)  MICHAEL A. C.	HASIN DEGREE	ding Med. Staf	10	DATE SIGNED 7/23/>/
23G. PHYSICIAN'S NAME (Type)	M. D. DEGREE Phys.  HACIN M.D. 2	ding Med. Staf Phy.  3D. ADDRESS	HOSI	DATE SIGNED 7/23/)/  own, or county) (Stote)
23A. SIGNATURE  Michael A Chee  23C. PHYSICIAN'S NAME (Type)  MICHAEL A. C.  24A. BURIAL CREMATION, REMOVAL (Specify)  BUNIAL  24B. DATE  REMOVAL (Specify)  24B. DATE	HASIN DEGREE	ding Med. Stafe Director Physics  3D. ADDRESS  AATORY 24D. LOCA	HOSI	7/23/7/



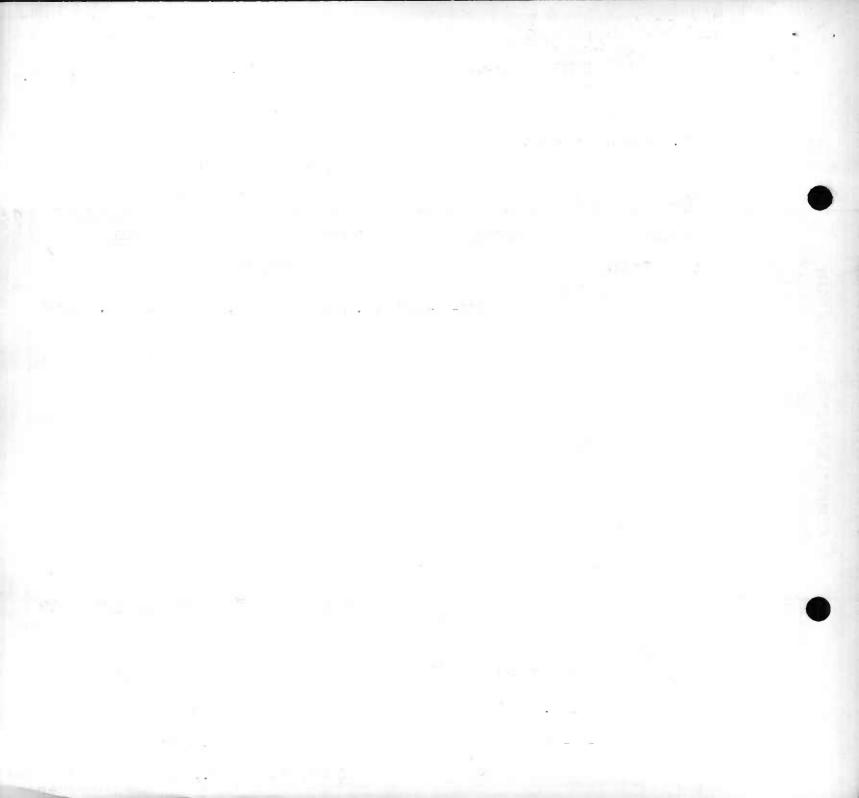
	BALTIMORE CIT	TY HEALTH DEPARTMENT	V	71 7027
BIRTH NO. 171 7027	CERTIFICA	ATE OF DEATH	REG. NO	1000
NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	245 44 71
Jeague, A	ance de	- 6	To July	125 18h-11 M.
L PLACE IN BALTIMORE MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE B. COL		nstitution: residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR ADDRESS OR LOCATIONS	INSTITUTION, GIVE STREET	Ma. (	l.S.A. 17	HA OUD
300/50 will bano		C. CITY OR TOWN	on Burne INS	SIDE CITY LIMITS?
South Balt, Gen	0 1100	E. STREET AND NUMBER		YES NO
South Ball, The	erax prop.	Box (23)	Ct. 2 poin	t pleasant Rd.
SEX G. RACE 7. M	ARRIED NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years lost bighday)	If Under t Yr. If Under 24 Hrs. Months Days Hours Min.
H WID	OWED DIVORCED	3-24-90	87	
LUSUAL OCCUPATION (Give kind of work 108, K	IND OF BUSINESS OR INDUSTR		reign country!	12. CITIZEN OF WHAT COUNTRY
Evon		M155		UrsiA
FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
John W. Bryant	St,	Mary L.	Brown.	lee
Wes Decessed Ever ie U. S. Armed Forces? Is, no or unknownij@f yes, give war or dates of s	ervice)   16. SOCIAL   SECURITY NO.	17. INFORMANT	of Halla	O ADDRESS MCMail
NO -	228-36-945	3 Total	Ba Robers	Fallian - Balton
18.44/0.41	CAUSE OF DEA	TH C	- NOTES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	r	0	^ +	- 620-19
LEADING TO DEATH (This does not mean the mode of dying	(A) IMMEDIATE CA		arrest	July 27 II
heart failure, asthenia, etc. It means the d	isease,	S A CONSEQUENCE OF:		
injury or complication which caused death ANTECEDENT CAUSES	my-	contiae u	Lackon	
DISEASES OR CONDITIONS, if any,	(B) DUE TO OR	AS A CONSEQUENCE OF:	0	
rise to the above couse (A) stating		TO T		
UNDERLYING CONDITION last	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIB	ITING			
TO THE DEATH BUT NOT RELATED TO THE TERMINISTERS OR CONDITION GIVEN IN PART 1 (A)	MINAL			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A AUTOPSY? (Yes or	No. 208, IF YES, WERE	FINDINGS CONSIDERED
I Hone			III CERIII III C	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B PLACE OF INJURY le.g. home, farm, factory, street, etc.)	office bidge INJURY OCCUR?	(If In Baltime	re City, give exact location)
21D. TIME   Month)   Doy)   Year   Head OF INJURY   Que 15 -	21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
IAPPROXI July 15 71	White AI Wark	hile D Re	self	
22. I certify that (i) (this hospital) atte		nity - 20	10 77 . Jul	ly -21 197/
that (i) (we) last saw the deceased all			that in(my) (our) ap	Intan death occurred on the dat
and haur and from the causes stated at			•	
23A. SIGNATURE		Tion the body direct deal		23 By DATE SIGNED
Duelle Ko	./	ttending Med. Director D	Staff Phys.	July -21-71
23C. PHYSICIAN'S	DEGREE T	23D. ADDRESS	11175.	
NAME (Type)	Lee	300/ South	Hanover	St.
1A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF C	EE /	LOCATION (C	City, town, or county) (State)
REMOVAL (Specify)	10 1 1/2/1	In tens	Rembles	md.
SA, DATE REC'D BY HEALTH DEPT. 1258.	AME OF REGISTRAN	25C, FUNERAL DIRECT	OR ORIGIN	ADDRESS
111 27 1971 Robert 8. J		0 1/	Extens 119	en- Clar Bison & Do
\$ 150-REV, 1/1/68		Staggeron	Auton Man	a honoun y ma

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Unastermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

5-240 71	2028		HEALTH DEPARTMENT	1	7028
BIRTH NO.  1. NAME OF DECEASED (Type or Print)	Hamah	CERTIFICA		AND HOUR OF DEATH	
Siegel)	pannan	•		7-25-7	/- A
INSTITUTION ADDRESS	N HOSPITAL OR INSTI- OR LOCATION)	16.4	A. STATE R. CO  MARY LAND C. CITY OR TOWN  BALT I MOR	BAL D. INS	Institution: residence before admission  SIDE CITY LIMITS?  YES NO
SINAI HOSPITA	L		E. STREET AND NUMBER	SYRINTH ROAD	
S. SEX 6. RACE FEMALE WHIT		DIVORCED	& DATE OF BIRTH	9. AGE (in years lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA USUAL OCCUPATION (Give le done during most of working ) ife, even HOUSEWIFE	ind of work 108, KIND O if retired) AT HO		LITHUANIA	oteign country)	USA
? SACHS			14. MOTHER'S MAIDEN N YETTA		
5. Was Deceased Ever in U. S. / Yes, no or unknown) (If yes, give w	Anned Forces? or or dotes of service)	SECURITY NO.	17. )NFORMANT		ADDRESS
NO		NO CAUSE OF DEAT		HARANSKY, 420	9 CRESTHEIGHTS RD.
DISEASES OR CONDITION  ise io the above cau UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITION  TO THE DEATH BUT NOT RELE	NS, if any, giving se (A) stating the last.  ONS CONTRIBUTING ITED TO THE TERMINAL	(B) DUE TO, OR AS	a consequence of:	H. disea	
19A. DATE OF OPERATION	N IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE	ELYING 21 E hon elc.	ne, form, foctory, street, oli	or about 21 C. WHERE DID	(if In Baltimor	re City, give exoci location)
21 D. TIME (Month) (Doy OF INJURY (APPROX.)		ile At At Work	21 F. HOW DID II	NJURY OCCUR?	
22. I certify that (1) (this	hospital) attended t	he deceased fram	7-15	19 7/ to 7	nion death accurred on the date
and hour and from the cau					nion death accurred on the dote
23A. SIGNATURE	M	Dham	nding Med.	Staff Phys.	23 R. DATE SIGNED 7-25-7/
23C.PHYSICIAN'S NAME (Type)		DECKEE]	3D. ADDRESS	,	
4A. BURIAL CREMATION. 24B. REMOVAL (Specify)		AME OF CEMETERY OF CRE			ity, town, or county! (State)
F	26-71 MIK	RO KODESH BETH	25C. FUNERAL DIRECTO	et e e e e e e e e e e e e e e e e e e	ADDRESS
S 150-REV- 1/1/68			I SOF REATUSON	4 G RKO2.,601	O REISTERSTOWN ROAL



<	1-52U						HEALTH DEPARTA			1-1.	1 170	20
BIR	TH NO.	174	70	29	CERTIF	ICA'	TE OF DEA	HTA	REG. NO	0	/U	63
	AME OF DEC	EASED		PO .			2. 1	DATE A	ND HOUR OF DE	ATH		
LTY	pe ar Print)	ŀ	HARRY	SIN	DLER				23, 1971	2111	1	0.45 0
3.	PLACE IN BAL	TIMORE MA	MLAND, W	HERE PRON	DUNCED DEAD		4. USUAL RESIDEN		ere deceased lived	. If instit	tution: residence	8:15 P.M. e before admission)
FU	LL NAME OF	(IF NOT	IN HOSPITA	AL OR INSTI	TUTION, GIVE STREET	T	MARYL	AND	27 10		21	719
IN:	NOITUTION	ADDRES	J OK LOCA	HON		1	C. CITY OR TOWN		D.	INSIDE	CITY LIMITS?	
17/	MT. SIN	NAI NURS	SING HO	OME			BALTI	MORE		γ	ES 🗌	NO 🗌
L							E. STREET AND NU					
5, 5	EY	6. RACE						RUBII	N AVENUE			
		O. KACL		MARRIED	-		B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	A	If Under 1 Yr.	If Under 24 Hrs.
104	MALE	WHI	TE	WIDOWEL		D 📗			8:	1		
dan	during most of v	varking life, eve	if retired)	IUR KIND C	F BUSINESS OR IND	USTRY	I). BIRTHPLACE (Stat	e or fore	ign country)		12. CITIZEN OF	WHAT COUNTRY?
L	TAILOR			CLOT	HING		RUSSIA				USA	
13.	FATHER'S NAA	VE				1	4. MOTHER'S MAIL	DEN NA	ME			
	? S	INDLER						UNKN	OWN			
15.	Was Deceased	Ever in U. S.	Armed Force	es?	1 6. SOCIAL		7. INFORMANT				ADDR	ECC
(Tes	and or unknown)	Of yes, give	wor or dates	al service	SECURITY NO.	- 1		CTMD	TED FEOR	DUD		
<u></u>	NO				213-03-616		IR. ARCHIE	SIND.	LER, 5508	KOR.	IN AVE.	#21208
	18. / 9.2	17.1			CAUSE OF	DEATH	,		5			OXIMATE INTERVAL
	DISEAS	E OR COND LEADING TO	ITION DIR	ECTLY			Doil o	1	1 6	1	)	7 /
	(This does no	of meon the	mode of	dvina. e.a.	(A) IMMEDIAT			cell	magnu	long	me	6. MO
	heart failure, injury or comp	asthenio, etc.	I means	he disease	DUE 10, 0	OR AS A	CONSEQUENCE OF:			0		
		NTECEDENT		neo M*1								
					(B)	*******						
	DISEASES O	R CONDITION	ONS, if a	ny, giving Stating the	DUE TO, C	OR AS A	CONSEQUENCE OF	:				
	UNDERLYING	CONDITION	V lost.		(c)							
		- 11										
O	OTHER SIGNIFIC	CANT CONDI	IONS CON	TRIBUTING							İ	
A	TO THE DEATH	NDITION GIV	EN IN PART	) [A].	***************************************							
CERTIFICATION	19A DATE OF	OPERATION	19B COND	ITION FOR	WHICH OPERATION		20 A. AUTOPSY? (Ye	es of Na	IN CERTIFYING	ERE FINE	DINGS CONSI	DERED
ER	0								IN CERTIFIED	CAUSE	S OF DEATH!	
. 1	2) A. ACCIDEN OR CONTRIBUT DEATH (notify :	T WAS UND TING ☐ CAU: medical exami	ERLYING [	2) I hor	PLACE OF INJURY ( ne. form, foctory, stre	(e.g., in ret, offic	or about 21 C. WHERE INJURY OC	CU K?	(If In Bali	limore Ci	ity, give exact l	acotian)
21		(Month) (Do		(Houd 2) E	INTERNATION OF THE PARTY OF THE							
ME	OF INJURY		y, tredi		INJURY OCCURRED	While:	21F. HOW I	ונאו מום	URY OCCUR?			
	(APPROX.)			We	ork L AI	Work	$\cup$					
	22. I certify t	hat (1) (this	hospital)	attended t	he deceased from.		Jace	1	10to	14	2.3	197/
1	thot (1) (we)	last sow the	deceased	alive an_	July 2	3/	197/	and the	, ,		1-	rred on the dote
	and hour and	from the co	uses state	d above. (	1) (We) (did) (did n	nat) vle				•	535	
1	3A. SIGNATUR	E	1	1	1: -					23	R DATE SIGNE	D
	17	10, 1	LAPR	ws	(co)	Attend			Shaff		7/2.4/	7/
	23C.PHYSICIAN	es.	-2000		DEGREE		Director		Phys.		11011	
	NAME (Ty		ADD C	TAT T TY	J.C.			DADE	/ HETCHEC	ATTI	II II C	
24A.	BURIAL CREW		ARD S.			EGREE			K HEIGHTS			
	REMOVAL (Sp	ecify)			AME of CEMETERY o		AIORY		CATION		own, ar county	(Stote)
0.5.1	BURIAL		25-71		EBREW YOUNG	MEN		BAL	TIMORE, M	aryla	and	
25A	DATE REC'D	-			OF REGISTRAR		25C. FUNERAL DI					RESS
-11	11 27 18	TA VAL	2.88	Fa Ben	A.D.	1 1	SQL LEVIN	SON	F BROS.,6	010	REISTERS	STOWN ROAD



IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

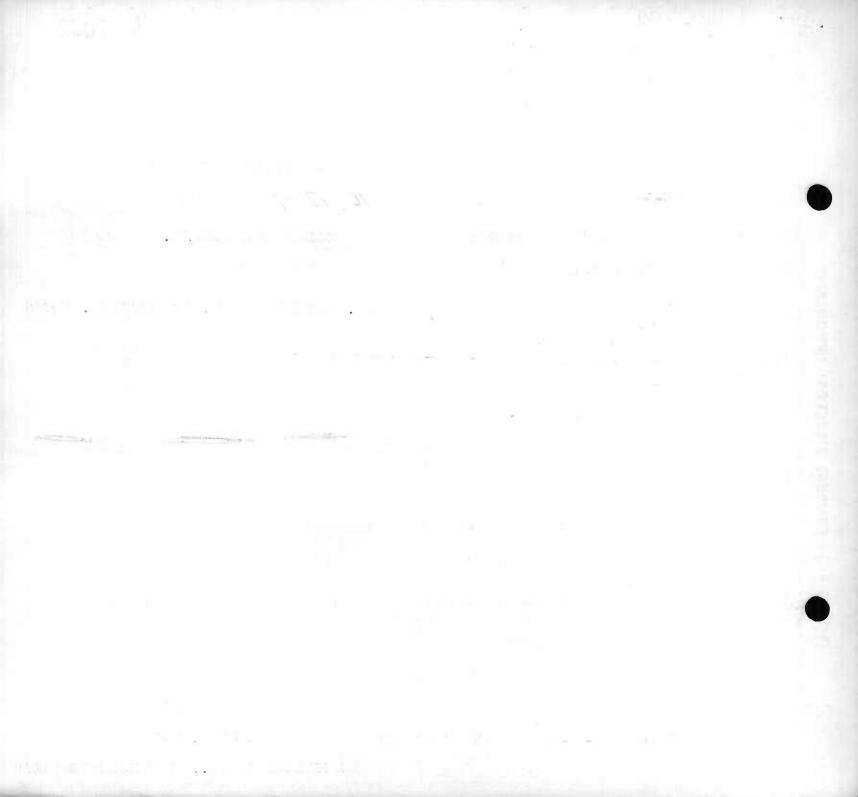
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NOF

Il Under 24 Hrs.

25.25 W Belowder Alexander States of 
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IMPORTANT

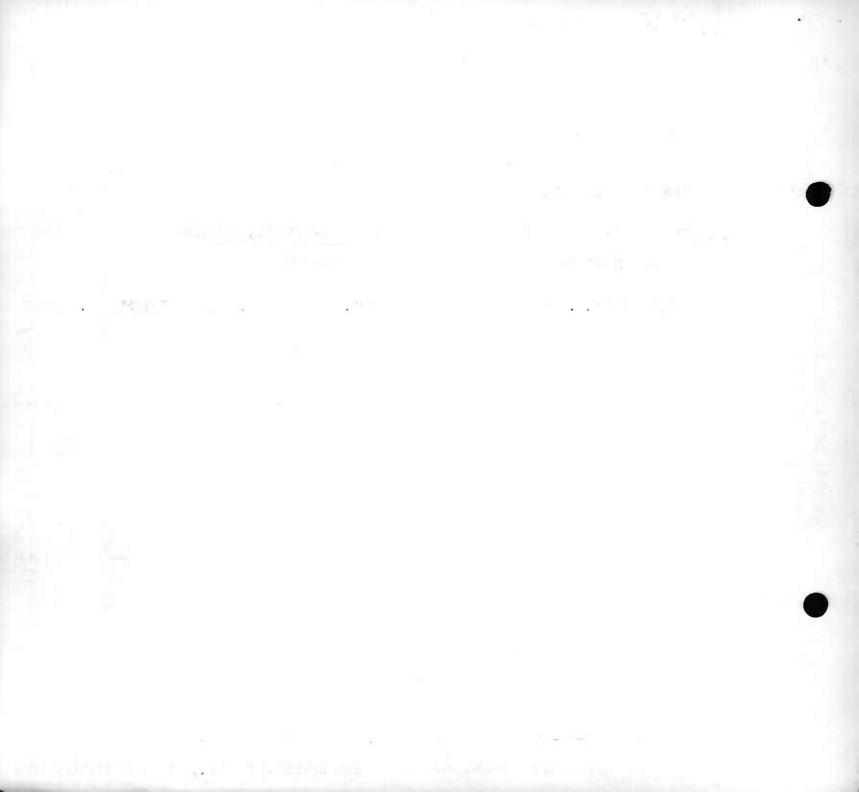
FUNERAL DIRECTOR:

1-155	- 171 H	2032	BALTIMORE CITY	HEALTH DEPARTMEN	T	71 7032
BIRTH NO.	/ .l.,	/Uor	CERTIFICA	TE OF DEATI	REG. NO	, T. 100C
I. NAME OF DE	CEASED			In DAY	AND HOUR OF BEAR	
(Type or Print)	ELIZABET	H LIPMAN			E AND HOUR OF DEAT	
3. PLACE IN BA	LTIMORE, MARYLAND, V			4. USUAL RESIDENCE	LY 24, 1971	institution; residence before admission
14				A. STATE B. C	OUNTY	institution, residence betore odmissio
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	TAL OR INSTITU	THON, GIVE STREET	MARYLAND	)	2/55
INSTITUTION				C. CITY OR TOWN		VSIDE CITY LIMITS?
10 2210 K	EN OAK ROAD,	2nd FLOC	)R	BALTIMOR		YES NO
				E. STREET AND NUMBI	EK .	•
5. SEX	6. RACE	17			OAK ROAD	
		_	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
FEMALE	WHITE	WIDOWED	DIVORCED		66	
done during most of	working life, even if retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or	loreign country)	12. CITIZEN OF WHAT COUNTS
HOUSEW		AT HO	ME	HAGERSTOWN,	MARYLAND	USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN		
LOUIS	LYON			ELLA GALV	TN	
5 Was Decensor	Ever in U. S. Armed For	2	1 6. SOCIAL		-11	
Yes, no or unknown	Of yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
NO				MR. PAUL CORD	ISH. 1613 MU	NSEY BLDG. #21202
18. 57	9		CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY		4.4		BETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE METASTATIO	CARCINO	up :
heart foilure.	not meen the made of astherio, etc. It means	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:	***************************************	
injury or con	nplication which caused	deoth.)				- 11
	ANTECEDENT CAUSES		ADOM	OCARCINOUP	OF PAKE	ear 9 months
DISEASES C	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the	e above cause (A)	stoting the				
UNDEKLIIN	G CONDITION lost.		(c)		****************	
z	11					
OTHER SIGNIF	FICANT CONDITIONS CO	NTRIBUTING				1
DISEASE OR C	ONDITION GIVEN IN PAR	T 1 (A).	***************************************	***************************************	***************************************	
E ITALDATE OF	OPERATION 198 CON WAS PER	FORMED	HICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF	NT WAS HAIDER WING	1000		100		
OR CONTRIBI	NT WAS UNDERLYING TITING CAUSE OF	home	LACE OF INJURY (e.g., Ir , form, foctory, street, of	or obout 21 C. WHERE DI	(II In Boltim	ore City, give exoct locotion)
UI.	medical examined	elc.)		_		
OF INJURY	(Month) (Doy) (Year)	(Hous) 21E, 1	NJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
[APPROX.]		While	At Work			
22 1	46 (13) 11 - 11 - 11 - 1					
	that (1) this hospital			racy	_1970_to	24 JUL 1971
	last saw the decease		344			oinlan death accurred an the dat
and hour and	from the causes stat	ad above (1)	(We (did) (did not) vi	ew the bady after dea	th.	
23A. SIGN ATU	RE /	11 1	1			238 DATE SIGNED
1010	il tuln >	Juch	Olean Olean	ding Med.	Staff Phys.	24 19671
23C. PHYSICIA NAME (T	N'S	3	DEGREE	3D. ADDRESS	rnys. —	, , , , , , ,
NAME (I	MALCOLM MALCOLM	DRUSKIN		2217 SOU	TH ROAD	
4A. BURIAL CRE			DEGREE			
REMOVAL (	Specifyl		ME of CEMETERY OF CRE			City, town, or county! (Stote)
BURIAL	7-25-7	1 HEB	REW FRIENDSHI	P	BALTIMORE, M.	ARYLAN I
SA. DATE RECES	THE PER OF A	250 NAME OF	REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
JUL	13/1 0000	A MARCE	2 . A. C. C.	SOL LEVINSON	8 BROS.,601	O REISTERSTOWN ROAD
S 150-REV. 1/1/	68					



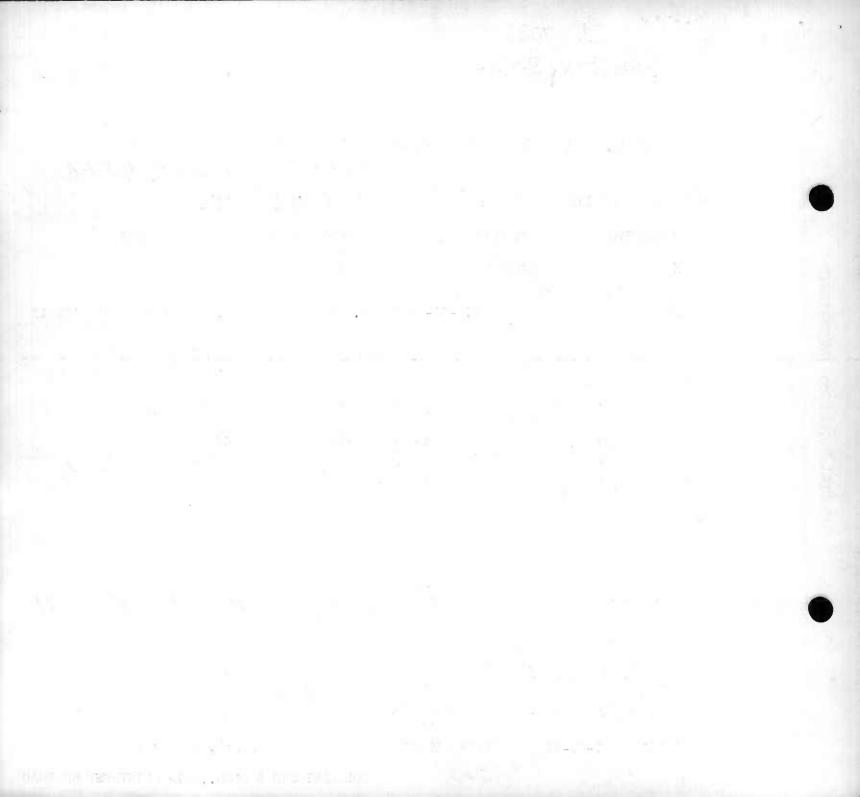
FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CIT	TY HEALTH DEPARTMENT
BIRTH NO. 71 7033 CERTIFICA	ATE OF DEATH REG. NO. 71 7033
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
JA COB HERRS!	July 25 197 10:45 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissi
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALTIMORE COUNTY
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
4 SINAI HOSP.	E. STREET AND NUMBER
100	3313 Word RipplE Rd
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yi., If Under 24 H
MALE X WHITE WIDOWED DIVORCED	1 1 23 - 1913
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
AFFIR anager CHURCHILL LMP	. BALTIMORE, MARYLAND United STATE
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JONAS K HERBST	MARGARET FARBER
5. Was Deceased Ever In U. S. Armed Forces? Yes, no or unknown) (If yes, give war or doles of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
YES ARMY W.W. II	MRS. LEAH HERBST, 3313 WOODRIPPLE RD. #2120
18. 43 6 91 CAUSE OF DEA	TH APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DE
LEADING TO DEATH  (This does not meen the mode of dying, e.g., A)  (A) IMMEDIATE CA	AUSE CAPDIAC APPREST S A CONSEQUENCE OF:
I neon joine, ositento, etc. it means the disease.	S A CONSEQUENCE OF:
injury or complication which caused death.)  ANTECEDENT CAUSES	
	S A CONSEQUENCE OF:
lise to the obove couse (A) stoting the	S A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS TENDED	IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of DEATH (notify medical examiner)	in or about 21 C. WHERE DID (If In Boltimore City, give exact location) office bidg, INJURY OCCUR?
THE COME OF THE CONTROL OF THE CONTR	
DF INJURE	21F. HOW DID INJURY OCCUR?
Work L At Work	k L_
22. I certify that (1) (this haspital) attended the deceased fram	191919
that (I) (we) last saw the deceased alive an	19and that in (my) (aur) apinian death accurred an the d
and hour and from the causes stated above. (I) (We) (did) (did nat)	
23A. SIGNATURE	23R DATE SIGNED
23C. PHYSICIANS OF	tending Med. Staff Vuly 25, 1971
	23D. ADDRESS
4A. BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETERY OF CRE	
REMOVAL (Specify)	tony, total of cooling, total
BURIAL 7-26-71 HEBREW YOUNG ME 5A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR	
111 27 1971 Publis E. Jaben M.D.	25C. FUNERAL DIRECTOR ADDRESS COLUMN SON S DDOS 4010 DETECTEDETONIN DO
5 150-REV. 1/1/68	SOL LEVINSON & BROS.,6010 REISTERSTOWN RO



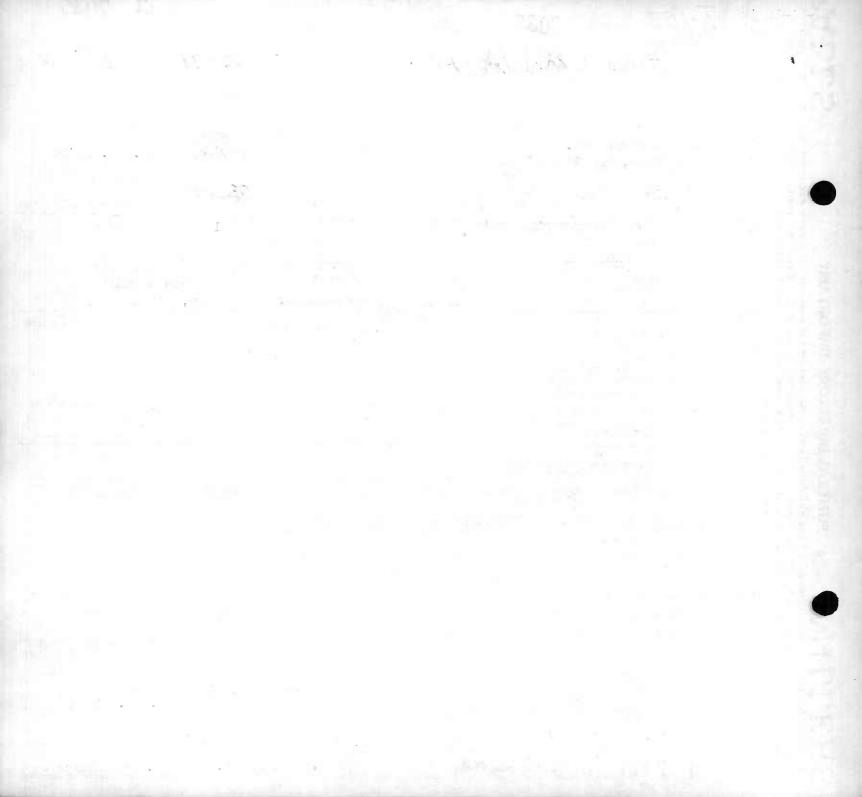
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death; and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

2 =0	7		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	71	7034	CERTIFICA	TE OF DEATH	REG. NO	7034
1. NAME OF D (Type or Print)	BINSTOCK	t. SARA	H	2 DATE ANI	D HOUR OF DEATH	17:20 1
3. PLACE IN B FULL NAME C HOSPITAL OR INSTITUTION	ALTIMORE, MARYLAI	•	OUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT D. C. CITY OR TOWN	D. INSIDE C	2740
12	TH CHAI	eles Gi	EN. HOSP.	BALT MOR E. STREET AND NUMBER 609 PARK H	E MATS AVE	_/ _
FAMALLE	6. RACE WHITE		DIVORCED	March 15 1894	ost birthday)	Under 1 Yr. II Under 24 Hrs 1ths Doys Hours Min.
done during most HOU	ol working life, even if re SEWIFE		F BUSINESS OR INDUSTRY	POLAND		CITIZEN OF WHAT COUNTR USA
13. FATHER'S N	AME	MASLOW	1	14. MOTHER'S MAIDEN NAM UNKNOWN	NE .	
5. Was Deceas Yes, no or unknown	ad Ever in U. S. Arm	ed Forces? or dotes of servical	16. SOCIAL SECURITY NO.	MR. ALBERT BINST	TOCK ZOOK FOR	ADDRESS
UN DERLYII  OTHER SIGN TO THE DE TO THE D TO THE	ASE OR CONDITIO  LEADING TO DE  ANTECEDENT CA  OR CONDITIONS,  THE abave cause  NG CONDITION In:  LI  LIFICANT CONDITION  ATH BUT NOT RELATED  CONDITION GIVEN IN  DEPT OPERATION 1988  WA  LENT WAS UNDERLY  BUTING CAUSE O  Ify modicol examined  (Manth) (Doy)	de af dying, e.g., means the disease, aused death.)  AUSES , if any, giving (A) stating the st.  S CONTRIBUTING DIHE TERMINAL N PART 1 (A). CONDITION FOR S PERFORMED  ING 121 hor etc.	(B) CVA DUE TO, OR AS  (C) Draw  WHICH OPERATION  L. PLACE OF INJURY (e.g., in the part of	mandie	(If In Baltimora City,	
22. 1 certif	y that (1) (this ho	winds	Not While At Work	7-8-19	7/_10	24 19 2/ death accurred an the dat
23A. SIGNA 23C. PHYSIC NAME	Mua	s stated above. (  The MAN	O Atte	nding Med. Director P	ineff 23B. 1	DATE SIGNED 7-24-7/ HORD.
24A. BURIAL C REMOVAL	REMATION, 24B, DA (Specily)	final and the second	AME OF CEMETRAY OF CRE  JOOMER VEREIN		CATION (City, tow EDALE, MARYLAN	(Stole)
25A. DATE REC	D BY HEALTH DEPT.	1000 110111	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS



57-51-10

T	BALTIMORE CITY	HEALTH DEPARTMENT		71. 7n35
/-653 71 7035 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	2,000
1. NAME OF DECEASED ITYPO OF PRINT HELEH DEMORALIN	lick) D. Ti	rentler 7	-22-71	833 PM
3. PLACE IN SALTIMORE, MARYLAND, WHERE PROHOUN	CED DEAD	A. STATE B. COU	ere deceased lived. Il in	stitutions residence before admission
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION!	/	C. CITY OR TOWN	Baltimore	IDE CITY LIMITS?
Baltimore City Hospita	15	Bultimore		YES NO
4940 Eastern Ave.		E. STREET AND NUMBER		
		213 S. E	ast Are B	alto. Md. 21224
Baltimore, Maryland 21224 5. SEX   6. RACE   7. MARDIED	NEVER MARRIED	8. DATE OF BIRTH		
Female White WIDOWED	DIVORCED [	8-4-98	9. AGE (In years last birthday)	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 108, KIND OF 8 done during most of working life, even if refired)	SUSINESS OR INDUSTRY	1 1. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
Ham & Poit of harwomen Bal	Fo Citu	Baltimore	Maryband	USA
13. FATHER'S NAME	w. lug	14. MOTHER'S MAIDEN N		<del></del>
Frank XXXXXXX Schmie	dt	XXXXXXXXXX	x. Catherin	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	& SOCIAL SECURITY NO.	17. INFORMANT	4940 Easter	n Avenue /
NO .	217 20 0261	BCH Records:	Baltimore, I	Maryland 21224
118. / 5 5 / 1 8	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Rosert	Le fatmonary		BETWEEN ONSET AND DEATH
LEADING TO DEATH	CANDAMEDIATE CAU	RE MESPITATION	west	immed.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.				
ANTECEDENT CAUSES	a horain d	amperd act	Mana tation	- 16 hm.
DISEASES OR CONDITIONS, If any, giving	DUE TO, OR AS	A CONSEQUENCE OF: CAL	edia accest 1	185V. A.
rise to the above cause (A) stating the UNDERLYING CONDITION lost.		matosis, obs		
11				-
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  17A. DATE OF OPERATION 17B. CONDITION FOR WI WAS PERFORMED 17 21 1 1 121E.P	****			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSYT (Yes or 1	No. 208 IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
E/7/21/7/ WAS PERFORMED OBSTRUCTIVE		NO	IN CERTIFYING CA	USES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 218.P	LACE OF INJURY le.g., i	or obout 21 C. WHERE DID	(II In Boltimor	re City, give exect lecetion)
OR CONTRIBUTING CAUSE OF home, etc.)  DEATH (notify medical examined)  21D.TIME   Month!   1Doy) (Yead (Hour)   21E	, farm, factory, street, of	fice bidg, INJURY OCCURT		
21D. TIME IMonth! IDey) (Yead (Hour 215, 1	NJURY OCCURRED	21F. HOW DID IN	UURY OCCUR?	
₹ OF INJURY	At   Not Whit	• 🗖		
WOR	AT TYPIK			= 1
22. I certify that (I) this hospital attended the		-//		7-2-7 19.7
that (O(we) last sow the deceased alive an	7-22-09	19/and	that in (my) (our) api	nion death accurred an the date
and hour and from the causes stated above.	(We) ((did not) y	lew the bady after death	•	
23A. SIGNATURE				23B, DATE SIGNED
of Re Luck mD.	Atte	nding Med. Director	Staff Phys.	7-22-71
23C. PHYSICIAMS NAME ITYPH	DEGREE	23D. ADDRESS		
		Haltime	ore Sity Hosp	pitals
		9441) / 41.	K/ 1	14.2 02.004
24A, BURIAL CREMATION, 124B, DATE 124C, NAS	DEGREE ME OF CRI	4940 Easter		ity, town, er county) 1State!
S. K. / Luck, M.D.	DEGREE OF CRI	- 4,00-4	LOCATION (C	ity, town, er county) (State)
24A. BURIAL CREMATION, 24B. DATE 24C. NAT REMOVAL (Specity) 7/26/171 Gan		th Cemetery Bo	ltimore, Ma	ity, town, er county) 1State1
24A. BURIAL CREMATION, 24B. DATE 24C. NAT REMOVAL (Specily)  Burial 7/26/171 Gan 25A. DAYE REC'D BY HEALTH DEPT. 25B. NAME OF		th Cometon Bo	ltimore, Ma	ity, town, er county) Istatel  ryland  ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAT REMOVAL (Specity) 7/26/171 Gan		th Cometon Bo	ltimore, Ma	ity, town, er county) Istatel  ADDRESS

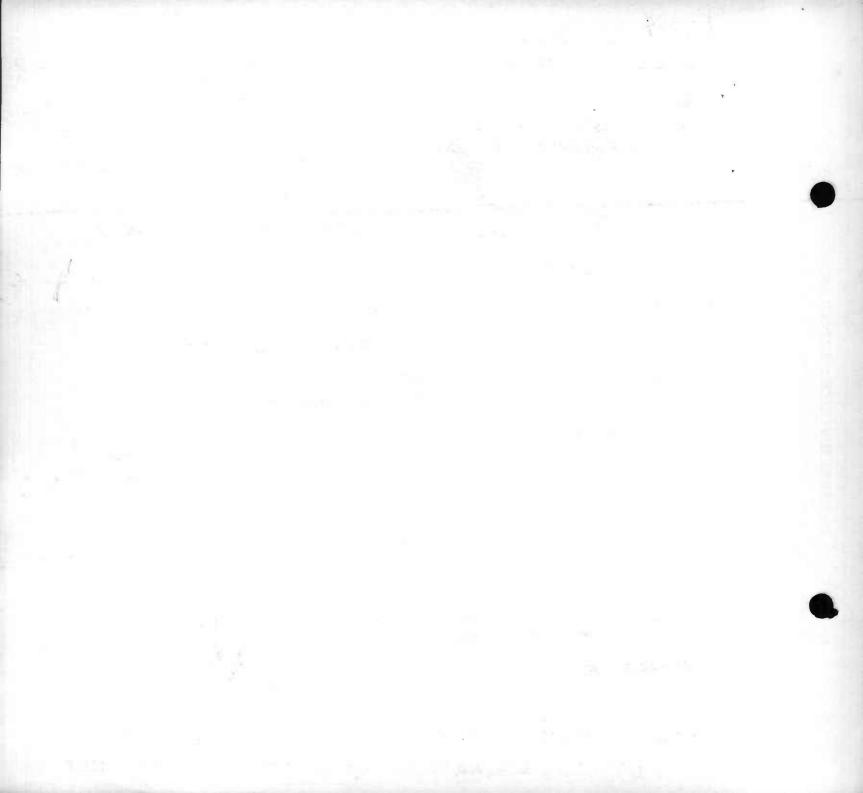


shows: (1)

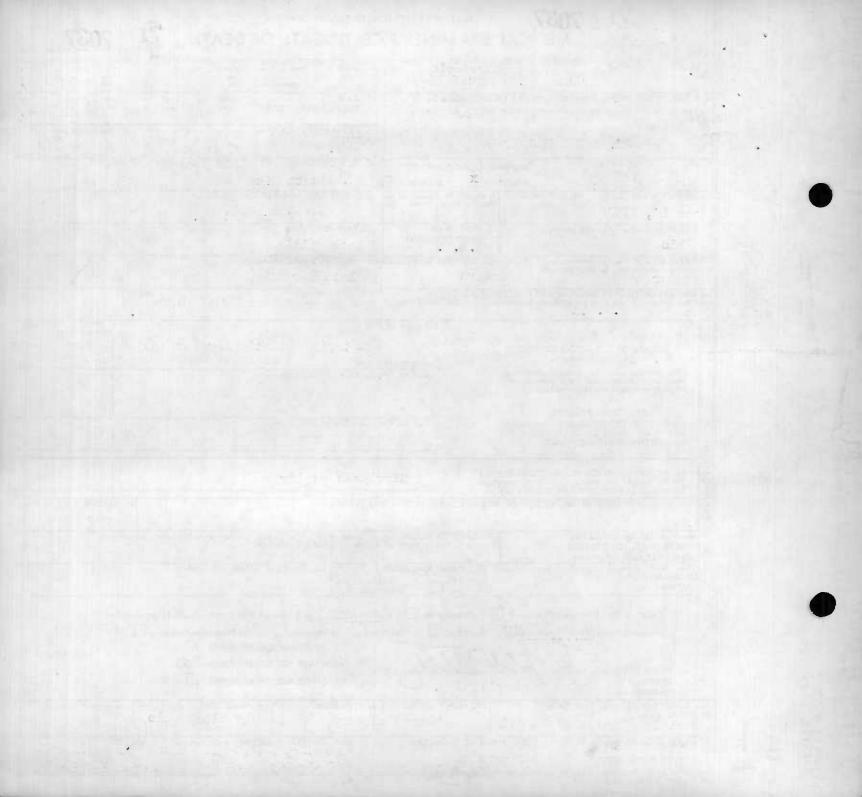
VS 150-REV. 1/1/68

a hospital and

BALTIMORE CITY HEALTH DEPARTMENT		IMORE CITY HEALTH DEPARTMENT
	BIRTH NO. 71 7036 CER	TIFICATE OF DEATH REG. NO. 71 7036
	LNAME OF DECEASED	2. DATE AND HOUR OF DEATH
	PETZOLD ALFRED B	July 24-7/ 1 4 A.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution, tesidence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	STREET MD. BALTIMORE SZON
	BON SECOURS HOSPITAL	BALTIMORE D. INSIDE CITY LIMITS?  YES NO X
34	2015 W. FAYETTE ST. 21	2.23 E. STREET AND NUMBER
9.	5. SEX 6. RACE 7. MARRIED 7. MICHAEL	1428 STRAT FORD RD. 21228
E	MARKIED NEVER MU	ARRIED 8. DATE OF BIRTH 9. AGE (In years lift Under 1 1/6. If Under 24 Hrs. Months Doys Hours Min.
ı is	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OF	R INDUSTRY 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
0	done during most of working life, even it retired)	
disposition	RETIRED ! Bethlehem Ste	14. MOTHER'S MAIDEN NAME
Sp	CARL PETZOLA	A ANN THE RESERVE
	15. Was Deceased Ever in U. S. Armed Forces? 116. COCIAL	17. INFORMANT ADDRESS
final	SECURITY	NO.
#	UNKNOWN 213 0	OF DEATH  OF DEATH  APPROXIMATE INTERVAL
Distance of constraint and and		BETWEEN ONSET AND DEATH
ned	LEADING TO DEATH A REPORT OF THE PROPERTY OF T	
balm	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. If means the disease,	E TO, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the		
		E TO, OR AS A CONSEQUENCE OF:
ins	UNDERLYING CONDITION lost (c)	
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
0	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
U 194 DATE OF OPERATION 198 CONDITION FOR WHICH OFFICE OF THE CONDITION OF		
9		NO.
before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN home, form, foctory DEATH (notify medical examined) 21B. PLACE OF IN home, form, foctory etc.)	IJURY (e.g., In or obout 21 C. WHERE DID y, street, office bidg., INJURY OCCUR?  (If In Bolitmore City, give exact location)
	Q 21D-TIME (Month) (Doy) (Year) (Hourd 21F, IN 11187 OCC	CURRED 21F. HOW DID INJURY OCCUR?
ained	₹ (APPROX.) While A!	Not While
22. I certify that (1) (this hospital) attended the deceased from July 24		
	and have and from the causes stated above. (1) (We) (did) (	
must	23A. SIGNATURE	238, DATE SIGNED
		Attending Phys. Director Direc
ò	23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS
approval	MARCO FLOREZ.	wareoflow and.
	24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMET	DEGREE  TERY OF CREMATORY   24D. LOCATION (City, town, or county) (Stote)
written	Burial 7/26/71 Lorraine	Baltimore, Maryland
=	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
3	11 27 971 Vaber 8. Jarben M.D.	Witzke 3 1630 Edmondson Avenue 21228



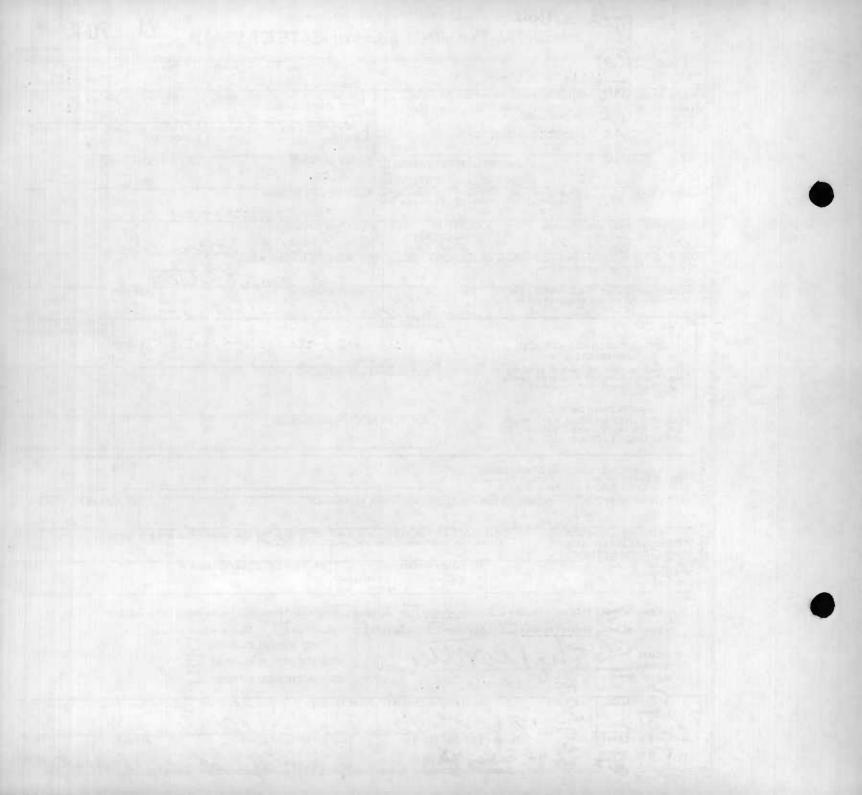
M-632 71	7037	BALTIMORE CITY HE			DEAT	1/11	P) (	200	
BIRTH NO.	MEDICA	L EXAMINER'S	LEKTIFIC	LATE OF	DEAT	REG. NO.	//	37	
1. NAME OF DECEASED	ichard E.	Mortzfeld Martzfeld	2. DATE OF DEATH	Known CK Estimated C	Month 7	Doy 22	Year 71	1:45	Pa
4. PLACE IN BALTIMORE, A		PRONOUNCED DEAD	3. DATE	NCED DEAD	Month 7	Doy 22	Yeor 71	1:45	
OR INSTITUTION	GNES HOSPIT	'AL	5. USUAL RE A. STATE Md.	SIDENCE (Where		ed. If Institution: 6 B. COUNTY	esidence b	efore admissi	
6. SEX 7. RACE		RRIED NEVER MARRIED DIVORCED D	C. CITY OR	TOWN cott City	1 4000	D. INSIDE CITY			10
male   White of BIRTH   June 18, 1971	7 10.AGE (In years lost birthdoy)	Monihs Doys Hours Min.	E. STREET A	ND NUMBER 31 Turnab		YES		VO L	
11. BIRTHPLACE (Store or lor Ohio		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S		out ha				
14A.USUAL OCCUPATION (Considered using most of working lile, Manager	even if retired)	id of Business or Industri Pavern		's maiden nam Barbara	WE				
16. WAS DECEASED EVER II (Yes, no or unknown) (If yes, glv	e war or dotes of service	ES? 17. SOCIAL SECURITY NO.	is inform	ert Bowma	n 6031	Turnabou umbia Md	RESS 1t Lar 210L	ne 13	
19. 1/ 1 2 . 4		CAUSE OF DEA	TH		902		API	ROXIMATE INT	
(This does not mean if heart failure, astheado, injury or complication w  ANTECEDEN  DISEASES OR COND  RISE TO THE ABOVE ( UNDERLYING COND	IT CAUSES ITIONS, IF ANY, GIVING CAUSE (A) STATING TH	(R)	AS A CONSEG		ase				
OTHER SIGNIFICANT CONTINUED TO THE DEATH BUT NO DISEASE OR CONDITION OF OPERATION OPERATION OPPORT OF OPERATION OPPORT OF OPERATION OPPORT OPP	ONDITIONS CONTRIBI OT RELATED TO THE TER IN GIVEN IN PART 1 (A	MINAL CITT	hosis o		P00-1				
20A. DATE OF OPERATION	ON 20B. CONDITION	N FOR WHICH OPERATION WA	AS PERFORM	ED			21. AUTO	5 <b>77</b> (Yes or	No)
UNDERLYING OR CO	NTRIB-	22B. PLACE OF INJURY (e.g., home, farm, loclory, street, offic	In or obout 2: e bldg., etc.)	URY OCCUR?	(If in Baltimos	e City, give exact	location)		
22D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Year) (Ho	WHILE AT NOT	WHILE 2	F. HOW DID IN.	JURY OCCI	JR?			
23.		_		ond that on th					
resulted from:	Notural causes	Accident Suicid	C	HIEF MEDICAL E	XAMINER	ned monner		DATE SIGN	ED
SIGNATUREEXAMINER'S NAME (Type)	Peter Lipko	vic, M D.	•	TANT MEDICAL E				7/23/71	L
24A. BURIAL CREMATION, REMOVAL (Specify) Burial	July 26 17:	24C. NAME of CEMETERY  Calvary Cer			location levelar	(City, town, and Ohio	or county)	(State	)
25A. DATE REC'D BY HEALT	H DEPT. 258.	NAME OF REGISTRAR		UNERAL DIRECTO			DRESS	77 0 0	4
VS 151-REV, 7/1/68	Q.C. ac	alla Res		HARRY.			RYLI	ett cy gnd	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

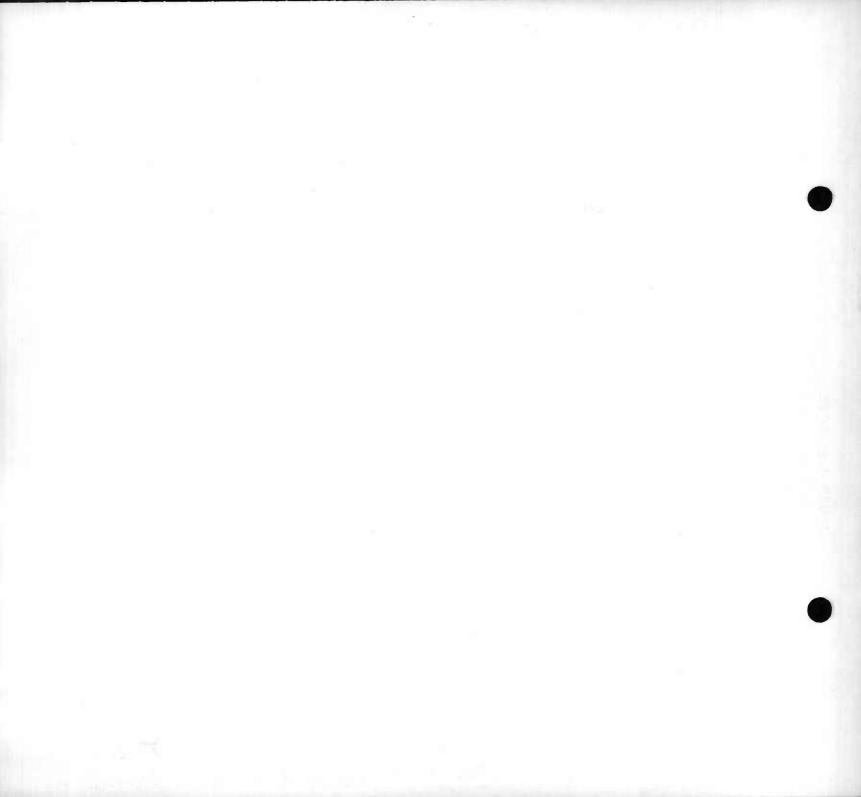
1/ === 171 17038	BALTIMORE CITY	HEALTH DEPARTMENT	3-	14
H-535 /1 /000	CERTIFICA	TE OF DEATH	REG. NO.	1 7038
I.NAME OF DECEASED		2. DATE A	AND HOUR OF DEATH	
Connie Hinton				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	NCED DEAD	July	y 23, 1971	2:25 p. N
		IN. STATE & COU	INII	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TON, GIVE STREET	Marylar		1507
Provident Hospital, Inc		Baltimo		DE CITY LIMITS?
29 2600 Liberty Heights Aver	iue	E. STREET AND NUMBER		YES K NO
Baltimore, Maryland 2121	.5		oonner Road	
Negro WIDOWED		8. DATE OF SIRTH	9. AGE (In years last birthday) 58	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind at work 108, KIND OF Education of the state of the	USINESS OR INDUSTRY	11. BIRTHPLACE (State at for	reign country)	12. CITIZEN OF WHAT COUNTRY
Unemployed		North Carol	ins	U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		0. 0. A.
altert Hinton		Henrett	tel	
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	220-14-0504	Mr. Willie Smi	th (son-in-1	aw)
18. 2.50.91	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			0	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE bremee (	oma	
(This does not mean the made of dying, e.g., heart lailure, osthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		A
injury ar camplication which caused death.)	00	7 07	B ane	au a
ANTECEDENT CAUSES	7.71	rock &	Leedin	
DISEASES OR CONDITIONS, il any, giving	DOE TO, OR AS	A CONSEQUENCE OF		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	Diel	La tra m	200:to	
ONDERENING CONDITION (IBS),	(C)		company.	**********
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	26.1	f	OVD	
ITO THE DEATH BUT NOT RELATED TO THE TERMINAL	Types	Cuxue	VV	-
DISEASE OR CONDITION GIVEN IN PART 1 (A).	UCH CARALTAN	120 A		
19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	refused	1N CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
J 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., In	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
S IDEATH (notify medical eventine)	form, foctory, street, off	ice bldg., INJURY OCCUR?	pr in bonniore	eny, give exect toconon)
¥	11110			
OF INJURY	JURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
(APPROX.) While Work	At Work			
22. I certify that (I) (this hospital) attended the		20-71	7 -23-7	1
that (I) (we) last sow the deceosed alive on 7-			.19fo	19
1		ond th	iat in (my) (our) opini	on death occurred on the date
ond hour and from the couses stoted above. (1) (	We) (did) (did not) vi	ew the body ofter deoth.		
23A. SIGNATURE	Mus		1	23 B. DATE SIGNED
Wabster Low	Atten Phys.	iding Med.	Staff Phys.	23 July 71
23C. PHYSICIAN'S NAME (Type)	DEGREE		ent Hospital,	Tad
Dr. W. Sewell	b	600 Liberty Hei	ights Avenue	- Balti Manuland
4A. BURIAL CREMATION, 24B. DATE 24C. NAM	LE OF CEMETERY OF CRE			- Balti. Maryland
REMOVAL (Specify)	11	240.	OCATION (City,	town, or comply) (State)
1 do 1 0	Julus Con	1	Whites	me
SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	V	ADDRESS
JUL 27 1971 Vaser & Jaifer N	80 60	Carri Du	Mean; mil.	Beautonika
S 150-REV. 1/1/68			1000	Sur- May 14

How a Riman Pal The state of the s and the same of th Winderson the military

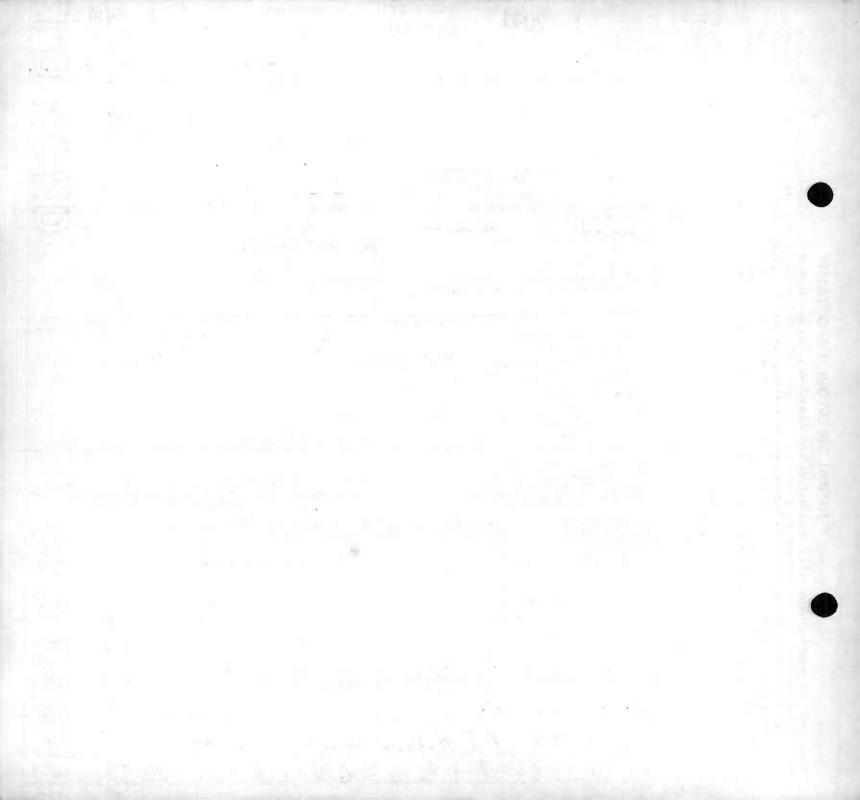


This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BERTIFICATE OF DEATH REG. NO. 71 7040  BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 71 7040
	1. NAME OF DECEASED Type or Printl  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
- 11	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  D. INSIDE CITY LIMITS?
	Horn'tel. Horn'tel.
	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE III years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
	OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME OF COME VETTER WAS U.S.F.
	Larfors Brooks 14. MOTHER'S MAIDEN NAME  Berthe Wet Kins
Ġ	5. Wes Deceosed Ever in U. S. Armed Forces? (es, no or unknown) (Iff Ves, give wor or dotes of service)  ADDRESS  ADDRESS  ADDRESS
	18. CAUSE OF DEATH  CAUSE OF DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
	LEADING TO DEATH
	(This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving fise to the obove couse (A) stoling the UNDERLYING CONDITION last.  (C)
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Ceatier	19A, DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSYTIVES OF No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	OR CONTRIBUTING CAUSE OF Comment City, give exact location)    DEATH Inotify medical examined   Control of the
AAED	21D. TIME IMOnth) IDoy) IYeorl IHour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While Work At Work
	22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on 2 (th. 19 ) and that in (my) (aux) april and that in (my) (aux) april and the deceased on the deceased of the d
	and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death.
	23 A. SIGNATURE 23 B. DATE SIGNED
	23G. PHYSICIAN'S DEGREE Phys. Director Phys.
	Cessor Hodalos Bouth Bolhware General H
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (24D. LOCATION (City, lown, or county) (Stote)
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. TUNERAL DIRECTOR ADDRESS.
	JUL 27 1971 Robert E Jaben, M.D. O Sloy Bullow our Branlley K



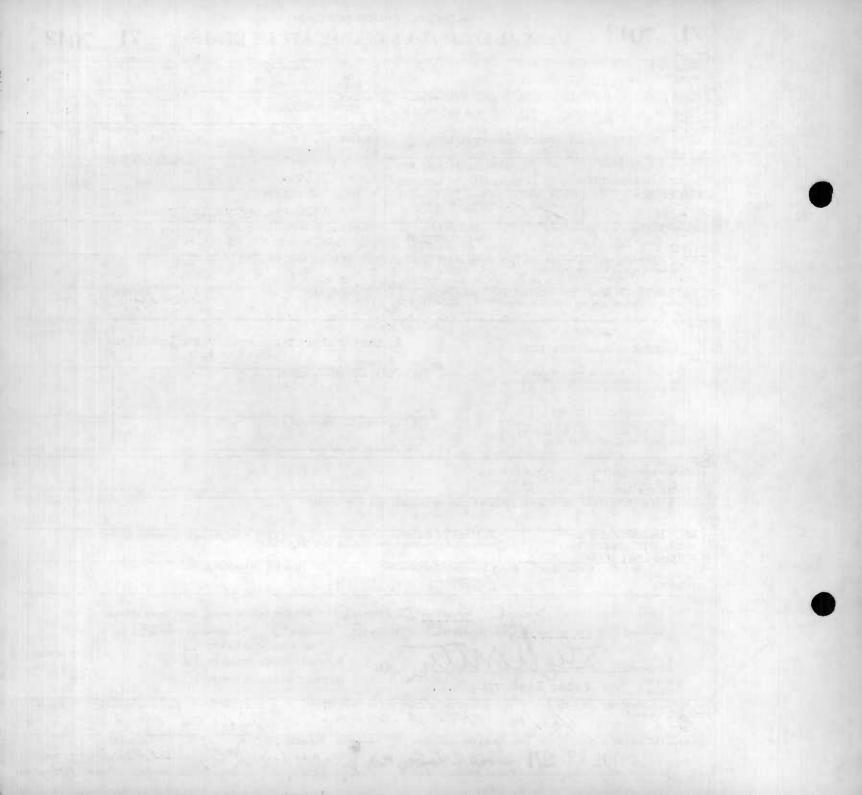
,1			BALTIMORE CITY	HEALTH DEPARTMEN	T	74 9044
BIRTH NO.	0 71	7041	CERTIFICA	TE OF DEAT	H REG. NO	/1 /041
1. NAME OF DEC	harles H. Hug	hes			E AND HOUR OF DEAT	н 7:25 Д М
FULL NAME OF	UF NOT IN HOSPIT ADDRESS OR LOC		4		Where deceased lived, II	institution: residence before admission
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
37			Ŧ	Baltimore		YES 🖾 NO 🗌
Mercy H	ospital			824 N. Geo	er orge St. #212	01
s. sex	6. RACE N	7. MARRIED [	DIVORCED	8. DATE OF BIRTH 10-24-10	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hr Months Days Hours Min.
done during most of	UPATION (Give kind of work working life, even if retired)		SUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTS
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	JUSIT
	0			0		
5. Was Decoused	IN PERSONAL PROPERTY OF PERSONS IN	cos?	6. SOCIAL	17. INFORMANT		ADDRESS
Tes, no or unknown	Off yes, give war or dote	s of servicel	SECURITY NO.			ADDRESS
Unknown			CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASES ( dise to the UNDERLYING  OTHER SIGNIFICATION TO THE DEAT DISEASE OR C 1794. DATE OP 1214. ACCIDE OR CONTRIBUTION OR CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OR	not mean the mode of asthenia, etc. it means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, il above cause (A) G CONDITION last.  CICANTCONDITIONS COLOR IN PART OPERATION   198. CONDITION GIVEN IN PART OPERATION   198. CONDITION GLOSS OF medical examines)	the disease, death.)  any, giving staling the   NTRIBUTING HE TERMINAL 1 1 (A).  DITION FOR WIORMED  21 B. Phome, etc.)	(8) C I  (DUE TO, OR AS  (C) CAMMU  (C) CHAMU  (C) CHAM	A CONSEQUENCE OF:  A CONSEQUENCE OF:  LUCY ALS  20A. AUTOPSY? (Yes of the bidg., INJURY OCCUPATION OF THE BUT	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  OTE City, give exoct focotion)
		Work	- AI WORK			
	that (I) (this hospital last saw the decease		deceased from 7/24	7/14 19/2/one	19 7/ to	7/24 19 7/ Olflon death occurred on the day
and hour and	from the couses stat	ed above (i)	(We) (did) (did not) vi			
23A. SIGNATU		1+ 1	7,331			23B DATE SIGNED
	1 .1. D	eluch	MD DEGREE Phys	ding Med.	Staff Phys.	7/24/71
23C. PHYSICIA NAME (T	ype)	1 20 00		3D. ADDRESS		
4A. BURIAL CRE	t. P. Detric		DEGREE AE of CEMETERY OF CRE	Mercy Host		01
REMOVAL IS	peculi	71 N	TAL	C. 241	2 LOCATION (6	City, town, or countyl (State)
SA. DATE REC'D	BY HEALTH DEPT.	258. NAME OF	REGISTRAR	25C. FURERAL DIREC	101	ADDRESS
1111		& E. Mall		200 NIR	10/10-	Proprie
(C 150 05)( 1/1/	1011 (1000)			- Clery	remon	HALLO ILL



1.250 7

-			BALLIMOKE CITY HEALTH D
4	2042	MEDICAL	EVALAINIED'S CEDT

71 7042 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	71 7042
BIRTH NO.	REG. NO	71720
1. NAME OF DECEASED (Type or Print) Hattie Jackson	2. DATE Known XX Month Day OF 22 DEATH Estimoted 7 22	71 Hour 1:20 p.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Day PRONOUNCED DEAD 7 22	71 Hour 71 1:20 p.
ORINSTITUTION 1820 Pennsylvania Avenue	S. USUAL RESIDENCE (Where deceased lived. If Institution: A. STATE Md.	residence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	C. CITY OR TOWN Balto. D. INSIDE CIT	Y LIMITS?
9. DATE OF BIRTH  May 1900  10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.	1820 Pennsylvania Avenue	
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A. USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTR	XILDDOGGA	
76. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or upknown) (If yes, give wor or dates of service)	ANDROYNOGORS /LAS KI	TINE ST
LEADING TO DEATH (A)IMMEDIATE	teriosclerotic cardiovascular d	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1156256
ANTECEDENT CAUSES (8)	AS A CONSEQUENCE OF:	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)-		
208. CONDITION FOR WHICH OPERATION W	AS PERFORMED	no (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, farm, loctory, street, office uting CAUSE OF DEATH.	in or obout 22C. WHERE DID (II In Boltimore City, give exact the bidg., etc.) INJURY OCCUR?	t location)
OF INJURY (APPROX.) WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	T WHILE 22F. HOW DID INJURY OCCUR?	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Peter Lipkovic, M.D.	de Homicide Undetermined manner C CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	•
1 Amount 1/20/11	BALTO M	
JUL 27 1971 258. NAME OF REGISTRAR		A grhun
VS 151.REV. 1/1/68		

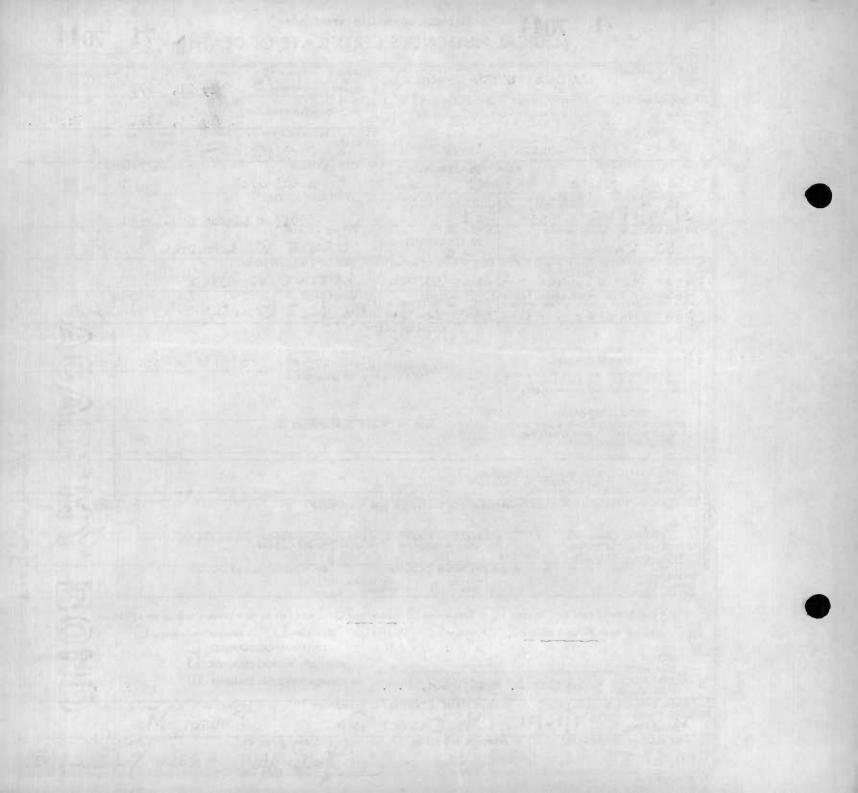


7043 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO BIRTH NO 1. NAME OF DECEASED 2. DATE Known Month Year Hour OF Estimoted JOSEPH DAVIS DEATH M. 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Doy Yeor Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF 26 1971 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY Lutheran Hospital 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED WIDOWED DIVORCED \_\_ YES Jan NO 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER lost bigth Months | Doys | Hours | Min. 1701 W. North Ave 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? re eldon 14A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? IB. INFORMANT - ADDRESS SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give wor or dotes of service) APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which caused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)\_ CERTIFICAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) no EDICAL NO DEI 22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, factory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Month) (Doy) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) (Hour) OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held on Inquiry Inspection X Autopsy \_\_\_ ond that on this basis, death in my opinion Suicide Accident Homicide \_\_\_ resulted from: Notural couses X Undetermined monner CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER 7/26/71 Russell S. Fisher, M.D. NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (Gity, town, or county) (State) 25A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 151-REV. 1/1/68

Burice 7297 July achier

	AEDICAL EXA	TIMORE CITY HEALT			EATH	71 REG. NO.	70	)44
BIRTH NO.								
I. NAME OF DECEASED	on s. candill (c	AUDILL) 2.	OF 3	awn 🔯 1 Iimated 🗆	July	21, 1971		Hour
4. PLACE IN BALTIMORE, MARYLA	ND, WHERE PRONOUNC	CED DEAD 3.	DATE	1	Month	Day	Year	Hour
HOSPITAL ADDRESS OR	OSPITAL OR INSTITUTION, C		PRONOUNCED			21, 1971		7:30 P.M.
or institution 660 Wash	ington Bouleva		STATE MOST	1 1 1 1 1 1 1		d. If Institution: 1 COUNTY	residence be	lare admission)
6. SEX   7. RACE	B. MARRIED NI		CITY OR TOWN	ryland	Ti	D. INSIDE CITY	LIMITS?	1
Male White	WIDOWED AND	DIVORCED .		ltimore		YES		10 🗆
	GE (In years If Under I birthdoy) Manths D		STREET AND N				675	
11. BIRTHPLACE (State or foreign cour	36 i	N OF 13.	. FATHER'S NA	<u>0 Washir</u> ME	igton_	BouLevai	ca	
W. VA.	WHAT	COUNTRY?	UESSI		CAUT	DILL	Pla /	45
14A.USUAL OCCUPATION (Give kind o	of work 148. KIND OF BUSIT		MOTHER'S MA	AIDEN NAME		Assign		
dape, during most of warking life, even il re SHEET METAL WOR	KER DHERT		KOTTIE	E W.	BYRD			
16. WAS DECEASED EVER IN U.S. A (Yes, no. ar unknown) (II yes, give war or	dates of service)	SECURITY NO.	INFORMANT	E. Can	- 101		Jan	In Blue
YES 10-8-56 T	७१-२१-५७ वा	CAUSE OF DEATH	igis, June	K, Oase			APPR	OXIMATE INTERVAL
DISEASE OR CONDITION	DIRECTLY						BEIWEE	EN ONSET AND DEATH
LEADING TO DEA	ТН	(A)IMMEDIATE CAUS			phosis	of the	liver	
(This does not mean the mode heart laiture, asthenia, etc. It me injury or camplication which caus	ans the discose,	DUE TO, OR AS A	CONSEQUENCE	OF:				
ANTECEDENT CAUS DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION (	IF ANY, GIVING A) STATING THE	(B) DUE TO, OR AS	A CONSEQUENC	CE OF:				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED BLASE OR CONDITION GIVEN TO THE DISEASE OR CONDITION GIVEN GIVEN TO THE DISEASE OR CONDITION GIVEN	TED TO THE TERMINAL							
20A. DATE OF OPERATION 20B		CH OPERATION WAS I	PERFORMED				21. AUTOP:	SY? (Yes or No)
. 12							Ye	s
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-		E OF INJURY(e.g., in c , foctory, street, office blo			n Boltimore	City, give exoct	lacation)	
2 22D. TIME (Month) (Dov)	(Yeor) (Hour) 22E.IN	JURY OCCURRED	22F. HC	DW DID INJUI	RY OCCUR	?		
OF INJURY (APPROX.)	m. WHILE WORK		ILE C					
23.  1 certify that I held a	n Inquiry   Ins	pection Autap	sv X and	that on this	basis, d	eath in my o	oinlan	
resulted from: Natura	error.					d manner		
01	7. (1)	. 1		MEDICAL EXA				William I.
ACTUAL SIGNATURE	18 John	salt M.D.	ASSISTANT	MEDICAL EXA	MINER [	X	D	ATE SIGNED
EXAMINER'S Cha	rles S. Spring	gate, M.D.	ASSOCIATE	MEDICAL EXA	MINER [	Ju!	Ly 22,	1971
24A. BURIAL CREMATION, REMOVAL (Specify)	ATE 24C. NA	ME of CEMETERY or	CREMATORY	1	CATION	(City, Iown,	or county)	(State)
25A. DATE REC'D BY HEALTH DEPT.	, , , , , ,			AL DIRECTOR		1	DRESS	
1111 27 1871 Ros	LE Sallen M.		Hout	6. W.O.	0 - 6	2334	The	the mer
VS 151-REV. 1/1/68	77	1-6-6-	1 1/1	===		- /	7 11/2	



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
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1 200	BALTIMORE CITY	HEALTH DEPARTMENT	to. I	
L-03 0 71 7045	CERTIFICA	TE OF DEATH	REG. NO.	7045
1. NAME OF DECEASED  (Typo of Pright  ERIN) ESTA LASSA UN	SR.	2. DATE AND	HOUR OF DEATH	1 11:00 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOF	NCED DEAD	A STATE B. COUNTY	eceosed lived. If institution	residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR JOWN	D. INSIDE CIT	_/ _
32		DACTO.	YES	✓ NO ☐
CHUPCH HOME + HOSP)	TAL	E. STREET AND NUMBER  TOP 4 1 0	eferson S	T.
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED		AGE (In years If Ur t birthdoy) Mont	nder 1 Ye. Il Under 24 Hrs. hs: Doys Hours Min.
(M) WIDOWED	DIVORCED	1-21-04	66	
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or foreign	country) 12, C	TITIZEN OF WHAT COUNTRY?
don't during most of working life, even it satired PRINTI	ng Ins.	MD.	76	W.S.A.
13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Frederick E. Kartaha		arma of	. DOFN	RES
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown)[UI yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No —	217077649	Mrs. Rola My. Jas	4004 - 2004	Jefferson LT.
18. 41 16 X 1	CAUSE OF DEAT	н ,	/	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Keys	he along sum	Shi ermand	1.7.
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE	77	Moraller
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury at complication which caused death.)	Chim (	a Col Milmo	ale	yean
ANTECEDENT CAUSES	(B)	me par		Johnson
DISEASES OR CONDITIONS, If any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	1 \1	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	( Chron	no repulato	my fulane	year
	(0)		7 /	7
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	Possible	Praitoxicity ,	levere acido.	un determin
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B-CONDITION FOR WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 1	WHICH OPERATION	20 A AUTOPSYS (Vos for No.)	OR IF YES WERE FINDING CAUSES	GS CONSIDERED OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. OR CONYREUTING CAUSE OF CONYREUTING CAUSE OF CONTROL	PLACE OF INJURY (a.g., i e, farm, factory, street, o	n or obout 21C. WHERE DID	(if in Boltimore City,	give exect location)
	INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
	ile At   Not While	• 🗆		
140			21. 21	2-2/ 10 71
22. I certify that (this hospital) attended to	71	7/9 19	77	22 19 71
that (we) last sow the deceased alive on	1/22		in (map) (our) opinian d	leoth occurred an the date
and hour and fram the causes stated above.	(Me) (qiq) (qiqetor)	lew the body after death.		
23A. SIGNATURE				ATE SIGNED
Grefou ama go	1. DEGREE Phy	nding Med. Sto	off ys.	7/22/71
NAME (Type)		23D. ADDRESS	. Ass	21-
The state of the s	DEGREE	Chiraft Ho	ME - 8100	VITA
24A. BURIAL CREMATION, REMOVAL (Specily)		EMATORY 24D. LOC	10	n, or county) (State)
	ADOWRIDGE	(EM.	PILTO. MD.	Province Control
JULY BARALTH DEPT & E REMANE	ANGISTRAR	25G. FUNERAL DIRECTOR	-2334	Sleven It.
V6 160 85V 1/1/48	1 1 1 (	JI JOHN WINE	- 7221	Hand

Paymag Kas.

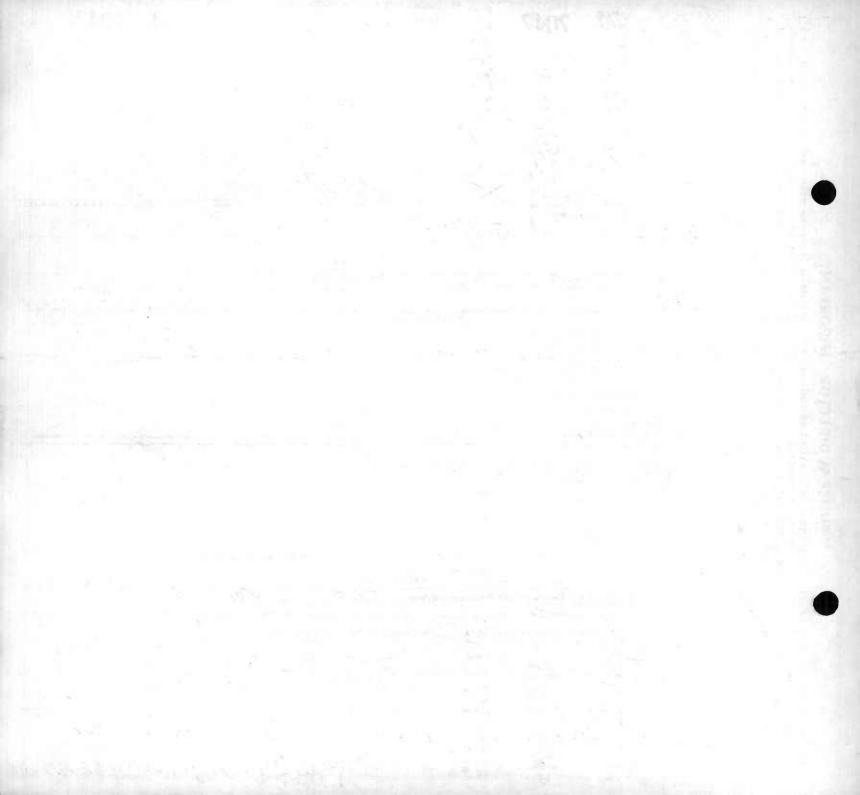
El - - - + + 8 + 006 - wheath placed placed soft sort to the

SICHE PERSONNER CEN BALTO NO.

0		EALTH DEPARTMENT
1	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 7046
	KIN NC.	
(Ty	NAME OF DECEASED ROBERT A SQUIRE S	2. DATE Known Month Day Year Hour OF Estimoted July 21, 1971 11:45 A.M.
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy Year Hour July 21, 1971 11:45 A.M.
	Baltimore City Hospital	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission) A. STATE  Maryland  B. COUNTY  602
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Male White WIDOWED DIVORCED	Baltimore YES NO NO
9.	DATE OF BIRTH 10. AGE (In years   Wonder   Yr. II Under 24 Hrs lost birthday) 23  Months   Days   Hours   Min.	E. STREET AND NUMBER
11.	BIRTHPLACE (State or foreign country)  ARYLAND  12. CITIZEN OF  WHAT COUNTRY?  U. S. A.	13. FATHER'S NAME G. SQUIRES
don	A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME LOUISE M. CLARK
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(16	s, no of unknown) (If yes, give war or doles of service)  SECURITY NO.  212 48 4195	
	19. E 9 7 O XI CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Complete second of the complete second
	(A)IMMEDIATE	CAUSE Gunshot wound of thorax AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES	
		AS A CONSEQUENCE OF:
Z	UNDERLYING CONDITION LAST. (C)	4
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
IFIC.	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
AL.	22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY(e.g.,	Yes / As
EDIC	UNDERLYING OR CONTRIB. home, form, foctory, street, olling CAUSE OF DEATH.	in or obout 22C, WHERE DID (II in Boltimore City, give exact location) location and location 2619 Fait Avenue Building & Loan Assoc
Σ	22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	(APPROX.) 7-21-71 11.05 A WHILE AT CONT.	Shot by police officer during robbery
H	I certify that I held an Inquiry Inspection A	tapsy 🔀 and that an this basis, death in my apinian
	resulted from: Natural causes Accident Suici	
	ACTUAL SIGNATURE Charles Sarring of M. M.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER  July 22, 1971
24	NAME (Type)  A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, lown, or county) (State)
	MOVAL (Specify) 7 26 71 CRESTLAWN	GARDEUS BALTO, MD.
25,	A. DATE RECO BY HEALTH DEPT E 200 CHARLE OF REGISTRAR	25 FUNERAL DIRECTOR ADDRESS
VS	151-REV. 1/1/68	CALL TO H

8 4 55 1948 MARKETANA LOHN OF SOMEET LOUISE M CLARKE MOIT SOUTTAND SASTRANA SHA SHERR BURING TRUE CHESTLANDE GARGEON BALLS. Ma HEER- DOMESTON

	BALTIMORE CIT	Y HEALTH DEPARTMENT	4.14%
7-500 71 7047	CERTIFICA	ATE OF DEATH REG. NO	71 7047
BIRTH NO.			
Type or Print	TAMBIA	2. DATE AND HOUR OF DEATH	1 11500
3. PLACE IN SALTIMORE MARTLAND, WHERE	11/1/4	14. USUAL RESIDENCE (Where deceded ) (red, It	
S. FLAGE IN SALIMONG MARILAND, WHERE	PRONOUNCEDIDEND	A. STATE , B. COUNTY	A SHIONOIL residence before dumiss
FULL NAME OF (IF NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	Maryland	1001
HOSPITAL DR ADDRESS OR LOCATION	Hann	C. CITY OR TOWN D. IN	SIDE CITY LIMITS?
BATTIMENT CALL	11050	Baltimore	YES NO
130/+/XM		E. STREET AND NUMBER	
(1/1/1/1/1/		1000011011	0/
S. SEX. 6. RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE In years	Months Days Hours Min
emale egro wi	DOWED DIVORCED	4/2/09 67	
IOA. USUAL OCCUPATION (Give kind of work 10 B.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUN
done during most of working life, even if refired)	1 H HA500	Washington, DC	USA
13. FATHER'S NAME	1.11.110-6	14 MOTHER'S MAIDEN NAME	
2 PAINER 3 NAME		14 WOLHER, 2 WYIDEN NYME	
Thomas		Ella	
5. Was Decessed Ever in U. S. Armed Forces? Yas, no or emphown) (iii yes, give war or dates of	Service) SECURITY NO.	17. INFORMANT	ADDRESS
1/3	JEGULIII NO.	13	astern Avenue
18.440.44	CAUSE OF DEA	TH Taltime	ore. Maryland 2122
1 050 1 11			BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECT		( sedle mouse	1 Ennin.
(This does not mean the mode of dyln	(A) IMMEDIATE CA	A CONSEQUENCE OF:	Office
heart failure, authoria, etc. It means the	disease,	A CONSEQUENCE OF:	
injury or complication which caused deat	1/	- ( La ( La ( ) )	
ANTECEDENT CAUSES	(a) Pales	men VIV	
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR A	S A CONSEQUENCE OF:	
rise to the above cause (A) staff UNDERLYING CONDITION last	ing the	mula)	
CHDERLING CONDITION IGSL	(C)		
Z	15	the delate were	
OTHER SIGNIFICANT CONDITIONS CONTRIES TO THE DEATH BUT NOT RELATED TO THE TE	RMINAL	inneger I walnus	
A DISEASE OR CONDITION GIVEN IN PART 1 1/2 194-DATE OF OPERATION 1198 CONDITION		[20A, AUTOPSYS (Yes of No.)] 20B, IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORM	ED	IN CERTIFYING C.	AUSES OF DEATH? YES
U 21A ACCIDENT WAS LINDED YING	218 PLACE OF INTIDATE	in or about 21 C. WHERE DID (If in Boltim	ore City, give exect location)
OR CONTRIBUTING CAUSE OF	home, form, factory, street,	office bidge INJURY OCCUR?	and And avact recommit
DEATH (notify medical examined	etc.)		
OF INJURY (Month) (Doy) (Year) (He		21F. HOW DID INJURY OCCUR?	
	White At Not Wh	ile 🗌	1
(APPROX)			
		E/180 -111 /	175/
22. I certify that (1) (this hospital) att	ended the deceased from	5/18 19/1/10	19 14
	ended the deceased from	1 01	7
22. I certify that (1) (this hospital) att	ended the deceased from	19 / and that In (my) (our) of	7
22. I certify that (1) (this hospital) att	ended the deceased from	19 / and that In (my) (our) of	7
22. I certify that (1) (this hospital) att that (1) (we) last sow the deceased all ond hour and from the couses stated a	ended the deceased from live on bove (I) We) (did) (did not)	19and that In(my) (our) of view the body after death.	Inion death occurred on the
22. I certify that (I) (this hospital) attempted that (I) (we) last sow the deceased all and hour and from the couses stated at 23A. SIGNATURE	ended the deceased from live on bove (I) We) (did) (did not)	view the body after death.  Med. Staff ys. Director Phys.	Inlon death occurred on the case of the ca
22. I certify that (1) (this hospital) att that (1) (we) last sow the deceased al ond hour and from the couses stated a	ended the deceased from live on bove (I) (We) (did) (did not)	view the body after death.  Med. Staff ys. Director Phys.	Inion death occurred on the
22. I certify that (I) (this hospital) att that (I) (we) last sow the deceased all ond hour and from the couses stated at 23A. SIGNATURE	live onAI Ph	view the body after death.  Med. Staff ys. Director Phys. 4940 Ea	Inion death occurred on the
22. I certify that (I) (this hospital) att that (I) (we) last sow the deceased al and hour and from the couses stated a 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION,   24B. PATE	ended the deceased from live on bove (I) (We) (did) (did not)	19 and that In(my) (our) of view the body after death.  tending Med. Staff Phys. 23D. ADDRESS 4940 Ea	238 DATE SIGNED Sterm Avenue
22. I certify that (I) (this hospital) att that (I) (we) last sow the deceased al ond hour and from the couses stated a 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	ive on	19 and that In(my) (our) of view the body after death.  tending Med. Staff Phys.  23D, ADDRESS 4940 Ea	238 DATE SIGNED Stepn Avenue
22. I certify that (I) (this hospital) att that (I) (we) lost sow the deceased al ond hour and fram the couses stated a 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. PATE REMOVAL (Specily)  7/24/7	bove (I) (We) did) did not)  DEGREE  24C. NAME OI CEMETERY OF C	19 and that In(my) (our) of view the body after death.  Med. Stoff Phys. 23D. ADDRESS 4940 Earl REMATORY 24D. LOCATION (Contraction)	238. DATE SIGNED  Stepn Avenue  Sity, town, of county!  (State
22. I certify that (I) (this hospital) att that (I) (we) last sow the deceased al and hour and from the couses stated a 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. PATE REMOVAL (Specify)  7/24/7	ive on	19 and that In(my) (our) of view the body after death.  tending Med. Staff Phys.  23D, ADDRESS 4940 Ea	238 DATE SIGNED Stern Avenue
22. I certify that (I) (this hospital) att that (I) (we) last sow the deceased al ond hour and fram the couses stated a 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. PATE REMOVAL (Specify)  7/24/7	bove (I) (We) did) did not)  DEGREE  24C. NAME OI CEMETERY OF C	19 and that In(my) (our) of view the body after death.  Med. Stoff Phys. 23D. ADDRESS 4940 Earl REMATORY 24D. LOCATION (Contraction)	Inlon death occurred on the country of country of country of the c



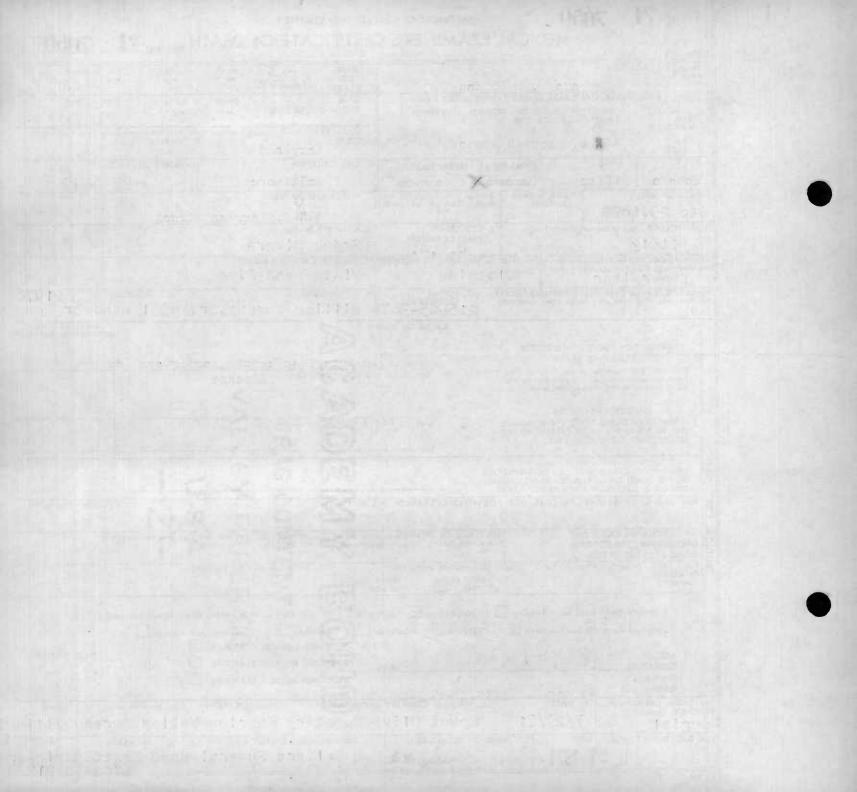
	win (C)		BALTIMORE CIT			7 7 4	
BIRTH NO.	7048		CERTIFICA	ATE OF DEATH	REG. NO	71	7040
(Type or Print)	PERCY	FRISSE	LL LEMON	JULY	AND HOUR OF DEATH	H	12:30 P
3. PLACE IN BAL	TIMORE MARYLAND	WHERE PRON		4. USUAL RESIDENCE (W	here deceased lived. If	institution: re	
FULL NAME OF HOSPITAL OR INSTITUTION			TTUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	UNIY	SIDE CITY LIF	1605
00 232	7 W. Lanya	le STree	et	BALTIMORE,		YES 📑	No 🗌
				2327 W. Lanv			
SEX	6. RACE		D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lest bitthday)	If Under	1 Ye If Under 24 H Days Haurs Min.
Male	Colored	WIDOWE	D DIVORCED	Sept-24-1893	777		- Tions Aim
OA. USUAL OCCU	JPATION (Give kind of working life, even if retire	work 10B. KIND (	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	areign cauntry)	12. CITIZ	EN OF WHAT COUNT
RETIRED	e		4	GLOUCESTER,	VA		USA
3. FATHER'S NAM	AE		1	14. MOTHER'S MAIDEN N	AME		
	. LEMON			CLARA B. P	RICE		
5. Wes Deceesed	Ever in U. S. Armed (If yes, give war er	Farces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	,			Edith Fowlke	s 2327 W	. Lanva	ale Street
18. // / 7	. 3 1		229-40-7090 CAUSE OF DEAT	H			APPROXIMATE INTERVA
	E OR CONDITION	DIRECTLY				81	ETWEEN ONSET AND DE
	LEADING TO DEAT	TH	(ANIMMEDIATE CA	USE VENTRECULOR A CONSEQUENCE OF:	filmillati	m	minutes
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VS 150-REV. 1/1/68

3/4/71 - 3003 Harrison Blod.

W-49	MED	DICAL I	EXAMINER'S			DEAT	H	71	7050
BIRTH NO.				2. DATE		Month			7000
(Type or Print)	Barbara N	Mu 11 i	ioan	OF	FOUND Estimated	7	26	71	2:40 P.M.
PLACE IN BALT	TIMORE, MARYLAND, J	WHERE PROP	NOUNCED DEAD	3. DATE		Month	Day	Year	Hour M.
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	PRONO	UNCED DEAD	7 -4	26	71	2.40 P
OR INSTITUTION	O OKTOO	AIION)		5. USUAL R	ESIDENCE (Where	dece ased liv		. –	efore admission)
00	44 S. Par			A. STATE	Maryland	ž	B. COUNTY	19	102
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?	
Female	White	WIDOWED			Baltimore		Y	ES X	по 🗆
P. DATE OF BIRTH	lost highda	n years If Mo	Under 1 Yr. II Under 24 Hrs.	E. STREET	ND DUMBER	¢			
	ate or fareign country)	12,	CITIZEN OF	13. FATHER	442KS. Par	rish	street		
Italy			WHAT COUNTRY?	Fran	k Rivara				
done during most of we Superv	orking lite, even it relired)]		thing		hanssa P				
	D EVER IN U.S. ARMED	FORCES?	17. SOCIAL	IB. INFOR	MANT		A	DDRESS	21076
NO ar unknown)	(It yes, give wor or doles	of service)	215-05-967	Will Will	iam Murp	hv.Sr			
19. [	41.		CAUSE OF DEA			, J			PROXIMATE INTERVAL
District	2 / 1			1001				BETWE	EEN ONSET AND DEATH
	OR CONDITION DIRE	CILY							
(This does no	I mean the made of du	ing, e.g.,	(A)IMMEDIATE O	AUSEATTE	riosclerot		diovas	cular	
neart tollure,	osthenia, etc. It means the plication which coused dec	disease.	502 10, OK 2	D A CONSEQ	dis	ease			
	TECEDENT CAUSES	CIVILLE	(B)	S A COME	WELLER OF				
RISE TO THE	R CONDITIONS, IF ANY ABOVE CAUSE (A) STATE	TING THE	DOE 10, 0K	43 A CONSE	TUENCE OF:				
Z UNDEKLIN	G CONDITION LAST.		(c)						
U TO THE DEA	FICANT CONDITIONS CO	THE TERMINA	3 L	i (nă					
20A. DATE OF	OPERATION 1208. CON	ARI I (A).	R WHICH OPERATION WA	C DEDECORA	FD.				
2	OF EXAMON   200. CO	ADIIION FOI	WHICH OPERATION WA	3 PERFORM	ED			21. AUTOP	SY? (Yes or Na)
₹ 22A, FXTERN	AL CAUSE WAS	laan	DIACE OF INVIDEN						No
/3	OR CONTRIB-	hom	PLACE OF INJURY(e.g., ie, form, factory, street, alfice	bldg., etc.)	UURY OCCUR?	in Boltimare	City, give exc	ect location)	
2 22D. TIME (A	Month) (Day) (Year	) (Hour)	22E.INJURY OCCURRED	2	F. HOW DID INJ	JRY OCCU	27		
OF INJURY (APPROX.)				WHILE -					
23.		m.	WORK LAT W	ORK L					
1 certif	y that, I held on I	nquiry 🗌	Inspection X Aut	opsy 🗌	and that an thi	s basis, d	eath In my	opinion	
resulte	d from: Natural cou	ses 🕅 🔏	Cetdent Sulcid				_		
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ACTUAL	- INVX M	VI	VA	ACCIO			Ť	C	ATE SIGNED
SIGNATUI	The second second second	T L	M.D.		TANT MEDICAL EX		_	7	-27-71
NAME (Ty		II Coi+	M.D.	A550	CIATE MEDICAL EX	AMINER L		/	-2/-/1
24A. BURIAL CREM.	ATION, 248, DATE	12.	4C. NAME of CEMETERY	r CREMATO	RY 24D 14	CATION	(City town	, or county)	(Stote)
REMOVAL (Specily Burial	7/29/		Mount Olive						au Illin
25A. DATE REC'D B			E OF REGISTRAR		UNERAL DIRECTO			DDRESS	
1	00 4074	10				•			
	111 7.7 10/1	1/4/4- 12	Stalle De D	Wa	Itere FII	neral	Homo	Dratt	2. Qtriales
VS 151-REV. 1/1/68	UL 27 1971	Coberts	E. Jaber M.D.	Wa	Iters Fu	neral	Home	Pratt	&Stricke



(	265	71	70	BALTIMORE CITY				NO	74	MOST	
	RTH NO.		7,0	51 CERTIFICA	IIE C		54 J. Sept. 4	000.00	1	Anor	
	rpe or Print)	COCHRA	N .T	ohn (NMI)			AND HOUR OF			1 30	1
3.	PLACE IN BALTIMORE	MARYLAND, W	HERE PI	ONOUNCED DEAD	4. USU	AL RESIDENCE (W	y 24, 197	ed. Il ins	titution re	6:10	A.
	2in				N. 31 W	1E & CO	UNTY			100	e oumssio
H	OSPITAL OR ALL	DRESS OR LOCA	TION)	NSTITUTION, GIVE STREET		yland or town		D. MICIE	OF CITY II	WITCO	
	vetera	ans Admin	istr	ation Hospital		timore		D. 11431L	YES X	NO	7
7	7	Loch Rave more, Mar			E. STRI	ET AND NUMBER	%t 1531 €	Bush .			
M	sex 6. RACI	Lte	WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE	OF BIRTH ⇒O8	9. AGE (In year lost birthdoy)				nder 24 Hr Min.
3 O H	LUSUAL OCCUPATION of during most of working li pholster	(Give kind of work fe, even if retired)	1	of Business or Industry		HPLACE (Stote or f. yland	oreign country)			ZEN OF WHA	COUNTR
3.	FATHER'S NAME				14. MO	THER'S MAIDEN N	AME				
C	earge Cochra	an			Ann	a Thomas					
5. Ye	Was Deceased Ever in s, no or unknown) (If yes,	U. S. Armed Fore	es?	1 6. SOCIAL	17. INFO	RMANT	Records			ADDRESS	
- 4	Yes 9-1	2 to 10-	43	214-03-6759	VAH,	3900 Lock		Lvd.	Balt		. 2127
_	18. 19. 0	1		CAUSE OF DEAT					-	APPROXIMATI	
	DISEASES OR CON rise to the obove UNDERLYING COND OTHER SIGNIFICANT CO THE DEATH BUT NO DISEASE OR CONDITION	cause (A) DITION last.  II ONDITIONS CONDITIONS CONDITIONS CONDITIONS	stoting  TRIBUTI	(c)	A CONS	EQUENCE OF:	re Pulma	w9.V	CSELLA	**************************************	
RTIFIC	19A. DATE OF OPERAT	WAS PERF	I NOITE	OR WHICH OPERATION	20 A.	AUTOPSY? (Yes or	No) 208, IF YES, IN CERTIFYIN	WERE FII	NDINGS SES OF D	CONSIDERED	
CAL	21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF		21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout	21C. WHERE DID	(If In E	Bollimore	City, give	exoct location	}
MEDI	21 D. TIME (Month) OF INJURY	(Doy) (Yeor)	(Houd	21E INJURY OCCURRED		21F. HOW DID II	JURY OCCUR?				
<	(APPROX.)			While At Not While At Work							
	22. I certify that (1)	(this hospital)	attend		une (		_19 71to	July	2h.		19 77
	that (CK(we) lost say					03	that in (M) (ou			h accurred r	in the day
	and hour and from th	ne causes state	d abay	e. (1) (We) (did) XOLOX vi							
	23A. SIGNATURE	01	- /	,		11, 54, 54		2	3B. DATE	SIGNED	
	111	There	510	Le MD DEGREE Phys.	ding _	Med. Director	Stoff Phys. 50		71:	241-	1
	23C. PHYSICIAN'S NAME (Type)		-	2	3D. ADD				1		,
	A. ARTHUR	STEELE		MD	3900	Loch Rave	n Blvd. B	alto	• , Md	. 21218	3
4A.	BURIAL CREMATION,	248, DATE	24	C. NAME of CEMETERY OF CRE	MATORY	24 D.	LOCATION	(City,	town, or	countyl	(Stote)
	Burial	7/27/71		Holy Redeemer (	emete	ry	Baltimore	2,	Mo	l.	
5A	DATE REC'D BY HEAD			ME OF REGISTRAR	25C.	Me Cubly &	R			ADDRESS	ve.
15 3	150-REV. 1/1/68				- 6				- U		

VS 150-REV. 1/1/68

	M	1		BALTIMORE CITY	HEALT	H DEPARTMENT			
	11/-55 RTH NO.	0.71 705	52	CERTIFICA	TE	OF DEATH	REG. NO.	71	705%
(T)	NAME OF DECI	William The				2. DATE A	25,1971	TH	2 P. M.
3.	PLACE IN BALT	MORE MARYLAND,	WHERE PRONC	UNCED DEAD	4. USL	JAL RESIDENCE (WH	ere deceosed lived.	If institution:	residence before admission)
FL HI	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPI	TAL OR INSTI	TUTION, GIVE STREET	Mc	ryland ORTOWN		NSIDE CITY	404
	1		. 4			ktimore	5.1	YES D	
	00	1527 Bat	tery Ave	enue		EET AND NUMBER	tery Avenu	base	3 100
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DAT	OF BIRTH	9. AGE (In years		er 1 Yr If Under 24 Hrs.
	Male	White	WIDOWED		Tune	2 16, 1890	lost bitthdoy)	Month	Doys Hours Min.
10/	USUAL OCCU	PATION (Give kind of wo	k 108. KIND O	F BUSINESS OR INDUSTRY	11. BIR	THPLACE (Slole or los	reign country)	12. CI	TIZEN OF WHAT COUNTRY?
We	ood Patte	orking life, even if retired) evn Maken				ryland		1	1.S.A.
13.	FATHER'S NAM				14. MC	THER'S MAIDEN NA			
	I homas	s Mannion				Maria (00	ney		
15. (Ye	Was Deceased s,no or unknown)	Ever in U.S. Armed Fa (If yes, give wor or dot	rces?	1 6. SOCIAL SECURITY NO.	1	DRMANT			ADDRESS
	no			none	Mich	rael Mannio	n 1527 Be	attery	Ave.
	18. 4///	.9		CAUSE OF DEAT	H			V	APPROXIMATE INTERVAL
	DISEASI	OR CONDITION D	RECTLY		4				BETWEEN ONSET AND DEATH
	1	EADING TO DEATH		(A) IMMEDIATE CAL	ISE C	ronary occ	lusion		minutes
	heort failure, c	it meon the made of istheria, etc. It means sticotion which caused	the disease	21.00 07.3110		QUENCE OF:			
		NTECEDENT CAUSES		Arterio	eclos	rotic heart	disease		15 years
	DISEASES OF	R CONDITIONS, if	ony aiving	(B) DUE TO, OR AS	A CONS	FOUENCE OF			4) 30010
	rise to the	obove cause (A) CONDITION last.	sloling the	(c)		equence on.			
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ATION	OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING						
	DISEASE OR CO	BUT NOT RELATED TO T	RT 1 (A).	100000000000000000000000000000000000000					
ERTIFIC	19A. DATE OF	le WAS PER	FORMED	WHICH OPERATION	20 A.	NO	O) 20B. IF YES, WEI	RE FINDING	S CONSIDERED DEATH?
AL C	OR CONTRIBUT	T WAS UNDERLYING [TING ☐ CAUSE OF medicol exomine)	No. etc.	PLACE OF INJURY le.g., in ne, form, foctory, street, of	or abou	121C. WHERE DID	(If In Boltin	nore City, gl	ve exact lacation)
EDIC	21D.TIME	(Month) (Doy) (Year)		INJURY OCCURRED		21F. HOW DID IN	IIIRY OCCUP		
W	(APPROX)	<del>p-</del>		ile At Not While	· 🗆				
	22. f certify t	hat (1) (this hospito	) ottended t	he deceased from 12:	-21-		19 57 to	7-1 -	1971
	thot (1) (we) 1	ost sow the decease	d alive on	7-1-	19	71 and th	hat In (my) ( <del>our)</del> c	pinion dec	th occurred on the dote
	and hour and	from the couses sto	ted obove, (	(ld not) (Wa) (did not)	lew the				
	23A. SIGNATUR	E O O	NI					23B, DA	TE SIGNED
	22C BUYCLCIA	11/10/	Ma	DEGREE		Director —	Staff Phys.		7-26-71
	23C.PHYSICIAN NAME (Ty	G. C	. Chiu,		3D. ADE	E. Randall	Street, Bal	timore	,Md.21230
24#	BURIAL CREM			AME of CEMETERY OF CRE			7	(City, town,	
	Burial	7/28/7	1 New	v (athedral (e			Baltimore,		
254	<b>JUL 27</b>	1971 Page	E. Jab	OF REGISTRAR		FUNERAL DIRECTO			Fort Ave.
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C. C. War

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Such on the

of death

1	-200			1	BALTIMORE CI	TY HEALTH	DEPARTMENT	г			
	111 140.	71 7	053		CERTIFIC	ATE OF	DEATH	REG	. No	1 70	53
	AME OF DECEASED	Mr	. Harry	S.	Dickey		2. DATE	AND HOUR O	DEATH	DI	. 45
3.	PLACE IN BALTIMORE					4. USUAL	RESIDENCE (	Where doceoled	18 - lived, Il inst	titution: residenc	the pelore admission)
HC	LL NAME OF (IF	NOT IN HOSPIT DRESS OR LOC	TAL OR INST	ITUTION.	GIVE STREET	C. CITY O		Where doceoled			1/3
							ltimore		1	YES X	по П
7	1018 Windir	ng Way					AND NUMBE				
5. S	EX 6. RACE		7- MARRIEI	NEV	ER MARRIED	1 8. DATE O	018 Wind	9. AGE (In )	10015	11 11-1 1 9	
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GOIM	USUAL OCCUPATION during most of working life	e, even il refired)	1			Y 11. BIRTHP	LA CE (Stote or	foreign country)		12. CITIZEN O	F WHAT COUNTRY
	h. of Board.	W.J.Dic						Marylan	d	US	3A
		dan A T	Textil	e, MI	grs	14. MOTH	ER'S MAIDEN				
15. V	Man Decement Fuer in I	iam A. I	2	1 6. SOC		17. INFORA	Lilly	Snyder		ADDR	
	no or unknown) (If yes,	give wor or dote		213-0	9-6276	Mrs. A	The state of	son 5421	Willo	111 - 11	
	DISEASE OR CI	ONDITION DI	RECTLY		AUSE OF DEA	CCUM	al TE	marks	ge		OXIMATE INTERVAL
	(This does not meon heart failure, astheria, injury or complication	etc. Il means	the disease		DUE TO, OR A		ENCE OF:	Cardio	Ukseul	les Gro	pual on
		DENT CAUSES		(	(B)	241)	corgi	pu que	uraliz.	8	
- 1	DISEASES OR CON rise to the above UNDERLYING COND	cause (A)	any, giving staling the		DUE 10, OR 4	S-A-CO-NSEQU	TENCE DEPC	bleader	2		
NO	OTUES ELCAURIS A ALT S	11									
PA	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	TRELATED TO THE	HE TERMINAL		******						ber er erenne og er ereng
RT	9A-DATE OF OPERATION	WAS PER	FORMED	WHICH C	PERATION	20 A. AU	TOPSY? (Yes or	No. 208. IF YES	WERE FIN	IDINGS CONSI	DERED
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1	APPROX)  22. I certify that (1) ( hat (1) (we) last saw	the decease	d alive an	he deced	sed from	197	/ and	19 26 to	// /		
- 1	and hour and from the			71					aur, apinyo	in death accu	erred an the date
2	3A. SIGNATURE	H/2	ali.	2	Att	ending [	Med.	Staff Phys.	23	BE DATE SIGNI	D 0 0
2	3C. PHTSICIAN'S NAME (Typel	W. H. W	loody	MD	DEGREE Phy	23D. ADDRES		rk Ave.	Ba1	to. Me	7-//

Cemetery Baltimore, Md.

25C. FUNERAL DIRECTOR
Mitchell-Wiedefeld Home 650 0

York Rd.

Green Mount

258. NAME OF REGISTRAR

C. Jacks, M.D.

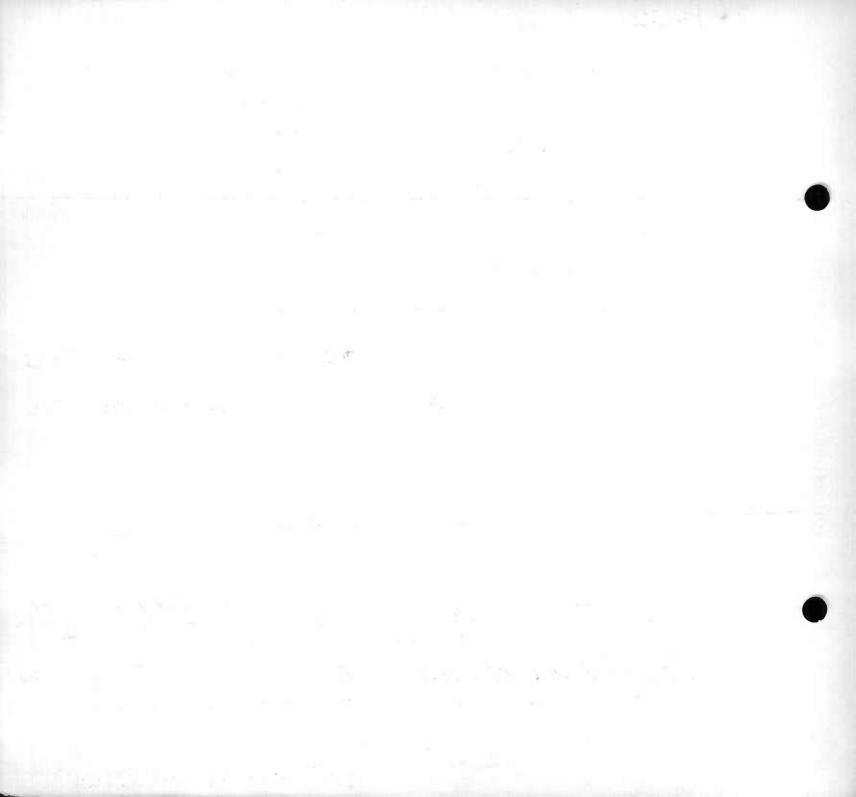
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Cremation

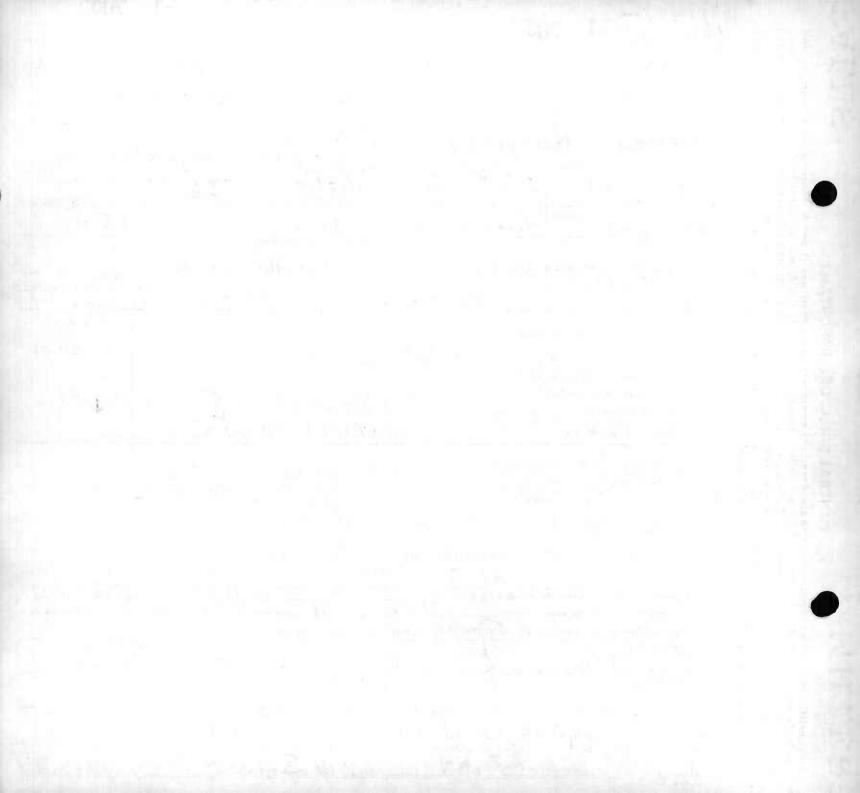
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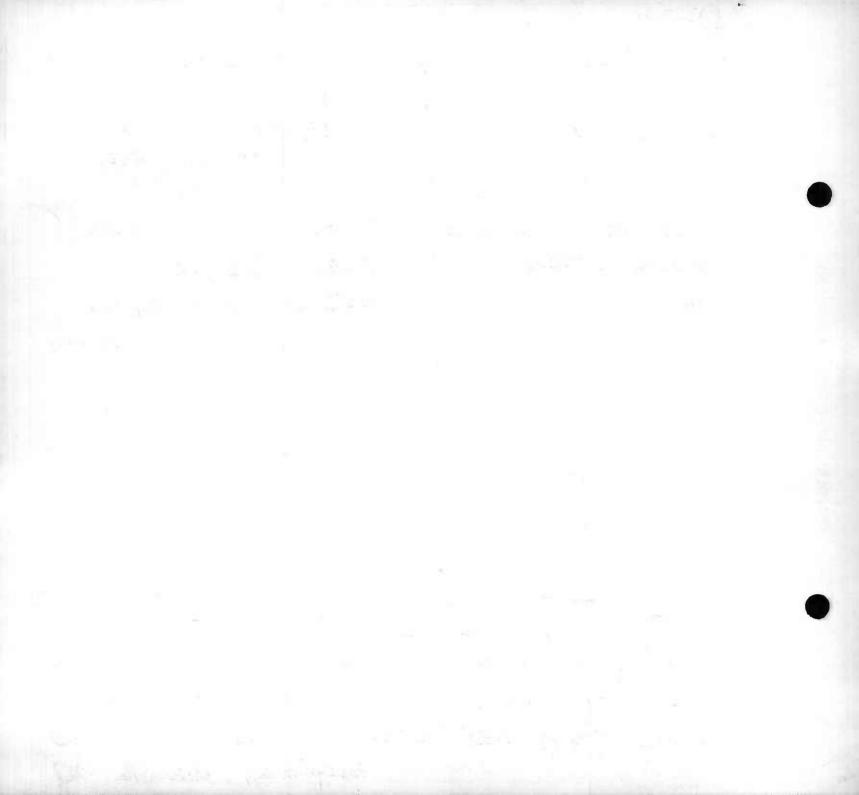
I. NAME OF D			CEDTIFICA	TE OF DEATH	REG. NO.	71 7054
	CEASED		CERTIFICA			
(Type or Print)	J. Frank	lin Pon	odico		D HOUR OF DEAT	••
3. PLACE IN B	ALTIMORE MARYLAND, V			July	24, 1971	18:00 A institution: residence before admissi-
				A. SIAIE & COUN	111	institution: residence before odmissi
FULL NAME O	F (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT	TUTION, GIVE STREET	Maryland 2121	2	2/18
NOITUTITEN	5510 Lothi			C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
00	Baltimore,			Baltimore E. STREET AND NUMBER		YES X NO
	Det I CIE OI G,	Mu. Z	1414			
S. SEX	6. RACE	7. 44 4 7 7 4 7		5510 Lothian		
Male	Caucasian	WIDOWED	NEVER MARRIED DIVORCED	July 20, 1015	9. AGE (In years lost birthdoy)	ii Under 1 Yr. ii Under 24 H Monthsi Doys Hours Min.
OA. USUAL OC	CUPATION (Give kind of wor of working life, even if relired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNT
Foreme		1	Repairs	Maryland		
3. FATHER'S N.		OHT P	We berria	14. MOTHER'S MAIDEN NAM	AF	USA
	Frederick P	Paradian			V1 %	
5 Was Dagger			11/ 00001	Mae Northam		
Yes, no of unknow	ed Ever in U. S. Armod For (n) (if yes, give war ar dote	rces: es al service)	SECURITY NO.	17. INFORMANT		ADDRESS
No	600 part		220-01-4043	Anna B. Paradis	se (Wife)	Same
1B. 44 9	TXI		CAUSE OF DEAT	H	(	APPROXIMATE INTERVA
UNDERLYIN	he abave cause (A)	signing ive				/
z	11		(C)			45. Dis. 5 YR
TIO THE DEA	IFICANT CONDITIONS CO THE BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	HE TERMINAL	***************************************			
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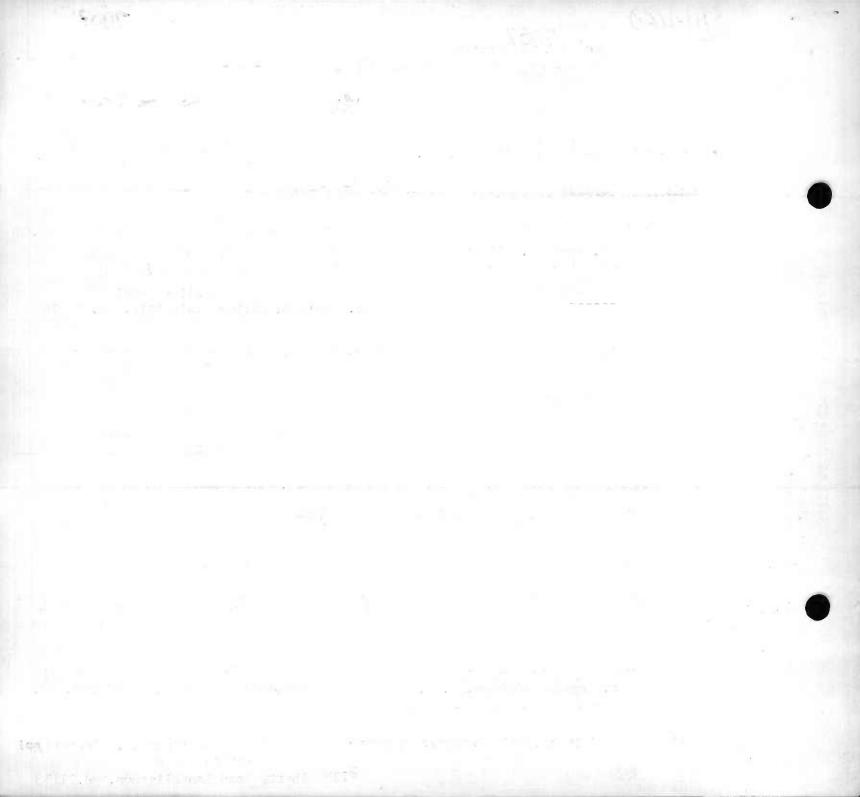
	20 /	BALTIMORE CITY	HEALTH DEPARTMENT	7055				
KIS	TH NO. 745 71 7055	CERTIFICA	TE OF DEATH REG. NO.	(0.5/				
1, 8	AME OF DECEASED		2. DATE AND HOUR OF DEATH					
СТу	CHARLES J. MCLENA	1A11 50	7/25/21	12:10 Am				
3.	PLACE IN SALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where deceased lived, Il institu	ution: residence before admission				
FU H C	LL NAME OF JIF NOT IN HOSPITAL OR IN ADDRESS OR LOGATION)	STITUTION, GIVE STREET	Maryland Baltim	CITY LIMITS?				
7	Mercy Hosp	ITAL	E. STREET AND NUMBER	ES NO D				
-	V		Box 290 Longue					
3.	M 6. RACE 7. MARR	ED NEVER MARRIED DIVORCED DIVORCED	3. DATE OF BIRTH 9. AGE (In years lost birthdoy) N	Under 1 Yr. If Under 24 Hrs. Conths Days Hours Min.				
	USUAL OCCUPATION (Give kind of work 108, KINE of during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?				
001		se RACING	ILL.	U.S.A.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	JOSEPH MCCLENK	)AN	BERTHA BECK					
15. (Ye	Wes Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wat or dates of service)	1 & SOCIAL SECURITY NO.	17. INFORMANT	Box 290 Longuerke				
	no	335-09-0206	Mary H. MELENNAN	Glyndon, Md				
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	AANAMEDIATE CAN	SE PNEUMONIA	TERMINAL				
	(This does not mean the mode of dying, heart failure, asthenia, etc., it means the disc	DUE TO, OR AS	A CONSEQUENCE OF:	<u> </u>				
	Injury or complication which caused death.)	134,						
	ANTECEDENT CAUSES	101 SYSTI	A CONSEQUENCE OF	5 MRS				
			A CONSEQUENCE OF:	4				
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the RESP	IRATORY FAILURE					
	11	(0)222222						
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG ASCU	D PORTAL CIRRHOSIS					
AT	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).							
CERTIFICATION	19A-DATE OF OPERATION 19E CONDITION F	OR WHICH OPERATION	20A AUTOPSYT (Yes or No) 20B IP YES, WERE FINING CAUSE	DINGS CONSIDERED S OF DEATH?				
¥	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTINO CAUSE OF DEATH inotify medical examined	21B. PLACE OF INJURY (e.g., in home, larm, factory, street, of etc.)	n or about 21 C. WHERE DID (It in Boltimore C fice bldg., INJURY OCCUR?	ity, give exact lacation)				
MEDIC	21D-TIME IManth) (Day) (Yead (Houd	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
2	IAPPROX.)	While At Work At Work	•					
	22. I certify that (I) (this hospital) attended	ed the deceased from	7/8 19 7/10	7/25 1971				
	the (1) (we) lost sow the deceased alive on 7/25 19 71 and that In (my) (our) opinion death occurred on the date							
	and hour and from the causes stated obove	(I) (We) (did) (did not) v						
	234. SENATURE			B. DATE SIGNED				
	Thomas J. Brunnen	OEGREE Phys		7/25/7/				
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS					
L		DEGREE						
24	REMOVAL (Specify) 248, DATE 241	C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City.	lown, or county) (State)				
1	BuriA/ July 27, 1971	Druid Kid	ge Pikesuili	le BAlto, Wd.				
25	A. DATE REC'D BY HEALTH DEPT 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
-	TILL SI BIT LOBORNE SI	Wes Ra	West Zehbardt Owi	ings Mills, Wid				
VS	150-REV. 1/1/68							



1	BALTIMORE CITY	Y HEALTH DEPARTMENT
;		ATE OF DEATH REG. NO. 71 7056
	1. NAME OF DECEASED TYPE OF PAINT AGNES M. DONNELLY	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET	A. STATE B. COUNTY 2864
	HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	BON SECOURS	E. STREET AND NUMBER
6		4218 FREDERICK AVE.
made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 8   Months Doys Hours Min.
.5	WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	0-10-87
disposition	uone curing most of working life, even if relired)	
osit	HOUSE WIFE AT HOME	MD U.SA.  14. MOTHER'S MAIDEN NAME
isp	WILLIAM AL TARR	AGNES M Paragrand
	15. Was Deceased Ever in U. S. Armed Forcest (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
final	No	E.J. DONNELL MY St ALBANG WAY
0	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ned	LEADING TO DEATH	ice A. CUH. II Suddeu
balm	heart foilure, asthenio, efc. It means the disease.	A CONSEQUENCE OF:
E e	injury or complication which coused death.)  ANTECEDENT CAUSES	. 694.
910	DISEASES OR CONDITIONS, il any, giving (8)	A GONSEQUENCE OF:
	rise to the obove cause (Al sloting like UNDERLYING CONDITION lost. (C)	
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DIABETES	MELLITUS, PYELD-
re	FIO THE DEATH BUT NOT RELATED TO THE TERMINAL	2
the	DISEASE OR CONDITION GIVEN IN PART 1 (A).  199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Tes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before	U 21A- ACCIDENT WAS UNDERLTING 21R PLACE OF INJURY (e.g., in home, form, fociory, street, of	
bef	OR CONTRIBUTING   CAUSE OF home, farm, fociory, street, of etc.)	fice bldg. INJURT OCCUR?
Ped	OF INJURT (Month) (Doy) (Teor) (Hour) 21E INJURT OCCURRED	21F. HOW DID INJURT OCCUR?
btained	(APPROX.) While At Not While At Work	
0	22. I certify that (1) (this heaptiat) attended the deceased from	3-2 1960 to 7-22 1971
t be		19and that in (my) (aux) apinian death accurred an the date
must	and haur and from the causes stated above. (1) (Wa) (did) (did not) vi	23B. DATE SIGNED
		nding Med. Staff 7 22 71
rov		23D. ADDRESS
approval	24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY OF CRE	40/ KANDOM TOD. 21229
	SURIAL 1-74-1971 NEW CATHERRA	MATORT 24D. LOCATION (City, town, or county) (State)
written	25A. DATE REC'D BT HEALTH DEFT. / 25B. NAME OF REGISTRAR	25G. FUNERAL DIRECTOR ADDRESS
3	11 27 1971 Paleat C. Jaben, M.D. O )	Farier Colorand Cotroniello Md
	VS 150-REV. 1/1/68	

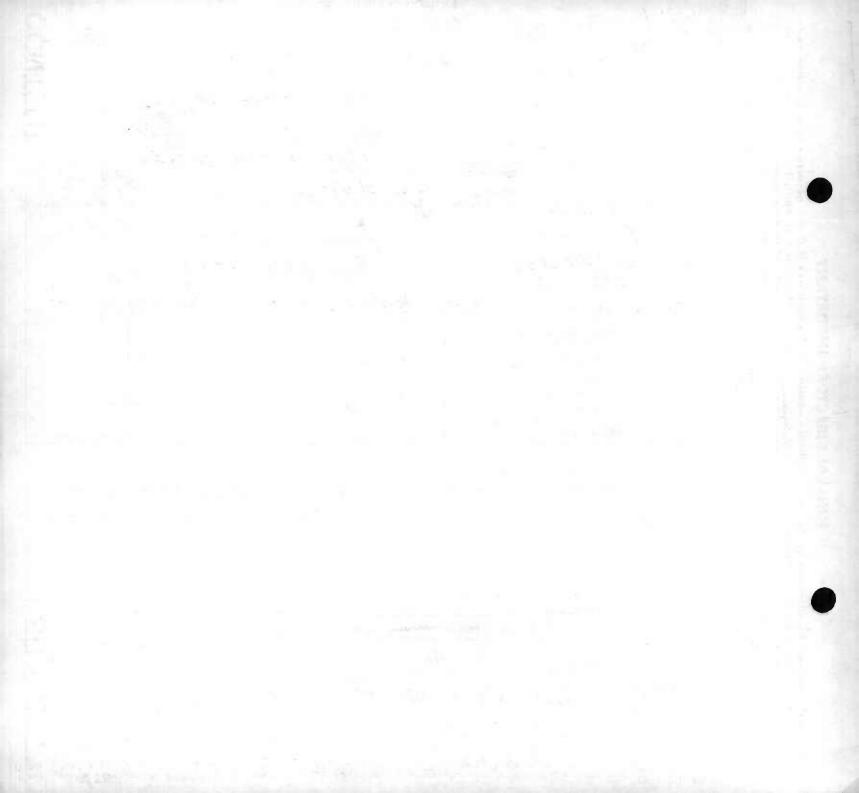


n	1-116		HEALTH DEPARTMENT	× 71	7057	
	HNO. 71 7057		TE OF DEATH	REG. NO.	3,444,7	
	AME OF DECEASED Miller, Pat e or Printl	PAT HARI		247, 74	111:05 P.M.	
FUL	LACE IN BALTIMORE, MARYLAND, WHERE PRO  LI NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION) INTUITION		A. USUAL RESIDENCE (When A STATE B. COUN C. CITY OR TOWN	D. INSIDE CIT	Cirk Whity Co	
38	UNIVERSITY HOSE University Mospital, Bala	PITAL timore, Md.	E. STREET AND NUMBER 9	827 Old George		
	Nathe Whater WIDOV		5.28.1940	31 1 K 2.	nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.	
t0A, done	USUAL OCCUPATION (Give kind of work 108, KINE during most of working life, even if relired) Student Law	OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (Stole or foreign	California	USA U.S.A.	
13. F	DRIRVIN S. M		14. MOTHER'S MAIDEN NAM	HARRISON	rrison	
(Yes,	Vas Deeeosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of serving)	16. SOCIAL SECURITY NO.	Dr. Irvin S. Mi	Salina Mo		
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	CARDIAC A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
1	(This does not mean the mode of dying, heart failure, asthenio, etc. It means the discriniury or complication which caused deoth.)	ose,	A CONSEQUENCE OF:			
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, given is a long of the course (Al stoling UNDERLYING CONDITION lost.	ing DUE TO, OR AS the (c) ESOPHA	A CONSEQUENCE OF: GO BRUNCHO PL	emontarem F	istula.	
ATI	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).					
	19A DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	- N- C	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDIN IN CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?	
CALC	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C, WHERE DID	(If In Boltimore City,	give exoct location)	
3	21D-TIME (Month) (Doy) (Yeor) (Hour) DF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While At Work	21F. HOW DID INJU	IRY OCCUR?		
22. I certify that (I) (this haspitol) ottended the deceased fram						
24A.		C. NAME of CEMETERY OF CRE			n, or county) (Stote)	
	rial July 27,1971	Evergreen Ceme		port Harrison	Co. Mississi ppi	
	JUL 27 1971 Robert E. Fail	GE OF REGISTRAR	25C. FUNERAL DIRECTOR	Loring Byers Road Randallst	own, Md.21133	
V\$ 1	50-REV, 1/1/68					



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BAL	TIMORE CITY HEALTH DEPARTMENT						
W-4/4 71 7058 CE	RTIFICATE OF DEATH REG. NO.						
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
(Type of Print)							
Woelfel, beorge Ber	NAED DR 7/22/71 10:00 AM AM						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUNCED DE	AD  A. STATE  B. COUNTY  B. COUNTY						
FULL NAME OF HE NOT IN HOSPITAL OF INSTITUTION CIV	VE STREET MD. ANNE ARUNDEL						
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION!	C, CITY OR TOWN D. INSIDE CITY LIMITS?						
INSTITUTION							
73							
Johns Hopkins Hosp.	E. STREET AND NUMBER						
Johns isolatery isoster	1901 SEVERN (TROVE						
SEX 6. RACE 7. MARRIED NEVER	AMARDIED   8. DATE OF BIRTH   9. AGE (in years   If Under 1 Ye., If Under 24 Hisa						
	IVORCED OF-05-00   lost birthday   Months Days Hours Min.						
0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS							
one during most of working life, even if refired)							
L Agusey -	BALTIMORI Md 4.SA						
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
GEORGE WOELFEL	ELIZABETH LEVY						
S. Was Decoused Ever in U. S. Armed Forces?   16. SOCIA							
er'uo ot nuruomuj ilit her' dine mat of goles of selvices   SECRI	ITT NO.						
425 WWI 212-	14-281001A Wostel NNNAPOIS Nel						
18. / / / S CAU	SE OF DEATH APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
	0						
(This does not make the made of dains on (A).	This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUSE Pulmonby andeli						
(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:							
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)							
(8).	Carcinoma of Lung  Due 10, or as a Consequence of:						
	DUE TO, OR AS A CONSEQUENCE OF:						
rise to the above cause (A) staling the							
UNDERLYING CONDITION last. (C).							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
DISEASE OF CONDITION GIVEN IN PART 1 (A).	ERATION [20A AUTOPSY? (Yes of No)] 20B. IF YES, WERE FINDINGS CONSIDERED						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B PLACE OF	ERATION 20A-AUTOPSTY (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	Ye no						
OR CONTRIBUTING CALISE OF Lines from fo	INJURY Is g. in or obout 21C. WHERE DID (If in Boltimore City, give exact location) ctory, street, office bidg, INJURY OCCUR?						
DEATH (notify medical examined etc.)  21D.TIME (Month) (Day) (Year) IHoud 21E INJURY C	and						
200 200 200 200 200 200 200 200 200 200	ONE HOW ALP INVIDED A COURT						
210-TIME (Month) (Day) (Year) [Hour 21E INJURY O							
(APPROXI	Not While						
22. I certify that (I) (this hospital) attended the deceas	22. I certify that (1) (this hospital) attended the deceased from 7/16 19 7/ to 7/22 197/						
that (1) (we) lost saw the deceased alive an 7/2	2 945 19 7/ and that in (my) (our) opinion death occurred on the date						
	and hour and fram the causes stoted obove. (1) (We) (did) (did not) view the bady after death.						
23A. SIGNATURE	23 B, DATE SIGNED						
P. S. Till a	Attending Med. Stuff V						
Tolly weren Regge	ID DEGREE Phys.   Director   Phys.   7/22/7/						
23C. PHTSICIAN'S NAME (Type)	23D. ADDRESS						
ROBERT GUAL KITTA	MD THE layous Howing laco						
4A. SURIAL CREMATION, 1248, DATE 124C, NAME of CE	MUDEGREE ME JOHNS HOPKINS HOSP.						
AA. SURIAL CREMATION, 248. DATE 24C. NAME of CE	METERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)						
100 in 7. 36.71 IN 111	AFVE MANDARKUE, YM OV AME.						
25A. DATE REC'D BY HEALTH DEPT.   258, NAME OF REGISTR	AR    25C, FUNERAL DIRECTOR ADDRESS						
1111 97 4074 () ( A C 2 (	ON / INTERIOR DIRECTOR // ADDRESS / /						
JAT 4 ( 1211 ACREA C' LOCALINA.	O D a Hardester Flyer Horse AMIN polic My						



		1
•	this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
Z	dis	ı
TA	ista he kinc dea dea ce ce nat	I
OR	if the land land land land land land land land	H
AP	his fo, nce end d o	i
<b>S</b>	Alia nounatt	ı
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing thows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined owas D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.	
	this certificate must be approve the body was released to the he shows: (1) An accident of any na was D.O.A. at a hospital (excep deceased prior to death); and ( written approval must be obtain	
	was An An prio	
	± \$€0.00 m	2
	s ce s bo	5
	The shape of the s	ľ

(Type or Print)	DECEASED	7059		ATE OF DEATH	REG. NO.	
		rances E		Ju	ly 25, 197	
FULL NAME HOSPITAL OR	OF UF NOT IN HO	JN CED DEAD	4. USUAL RESIDENCE (Whe A. STATE B. COUN	re deceased lived, If in	astitution: residence before admissi	
иоптитиги	Sould Conval			c. CITY OR TOWN Baltimore	D. INS	IDE CITY LIMITS?  YES NO
				E. STREET AND NUMBER 3714 Yolando	Road	
5. SEX	6. RACE	WIDOWED		1-6-1885	9. AGE (In years last birthdoy) 86	Il Under 1 Yr. Il Under 24 I Months Days Hours Min
come dering most	CCUPATION (Give kind of a land of the country of th	own H		Pennsylvania	gn country)	12. CITIZEN OF WHAT COUN
13. FATHER'S N	AME	<del>  </del>		14. MOTHER'S MAIDEN NAM	AE	
Erwi	n C. Moore			Cornelia B.	Williamso	n
5. Was Deceas Yes, no or unkno	sed Ever In U. S. Armed	Farces? dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		2	218-52-0212-	U1 Mrs. B. V	Veber 3714	Yolando Road
(This does heart failur injury or c	ASE OR CONDITION LEADING TO DEAT on on mean the mode of, asthenia, etc. 11 med complication which caus ANTECEDENT CAUS OR CONDITIONS, ithe above cause (	of dying, e.g., ans the disease, sed death.i SES	DUE TO, OR AS	A CONSEQUENCE OF:	te unkon	APPROXIMATE INTERVA
UNDERLYI	NG CONDITION last.	-/ signify the	(c)			
☐ IO THE DE ✓ DISEASE OR	VIFICANT CONDITIONS ( ATH BUT NOT RELATED TO CONDITION GIVEN IN F	O THE TERMINAL		betes me		Imas
		ERFORMED		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
DEATH (not	DENT WAS UNDERLYING BUTING CAUSE OF CAUSE OF CAUSE OF	21 B. P home etc.)	LACE OF INJURY (e.g., i lorm, loctory, street, o	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(if In Baltimare	City, give exoct location)
OF INJURY (APPROX.)	(Month) (Doy) (Yea		NJURY OCCURRED  At Work  At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased from July 23 1967 to 19						
1	a last saw the deceo		July 23	19 7 and the	tin(my) (que) opin	lan death occurred on the de
	nd from the causes s	tated above. (i)	(We) (dtd)-(dld not) v	iew the body after death.		
and haur a	NORE O	Jamed	OEGREE Phys		taff hys.	23B. DATE SIGNED
23A. SIGNA	zonaka				<u> </u>	
23G. PHYSIC NAME	Dr. R.	Donald J	andorf	7403 Harfor	d Road	
23G. PHYSIC NAME	REMATION, 248, DATE	24C. NAA		7403 Harfor		. lown, or county) (State) I County, Md



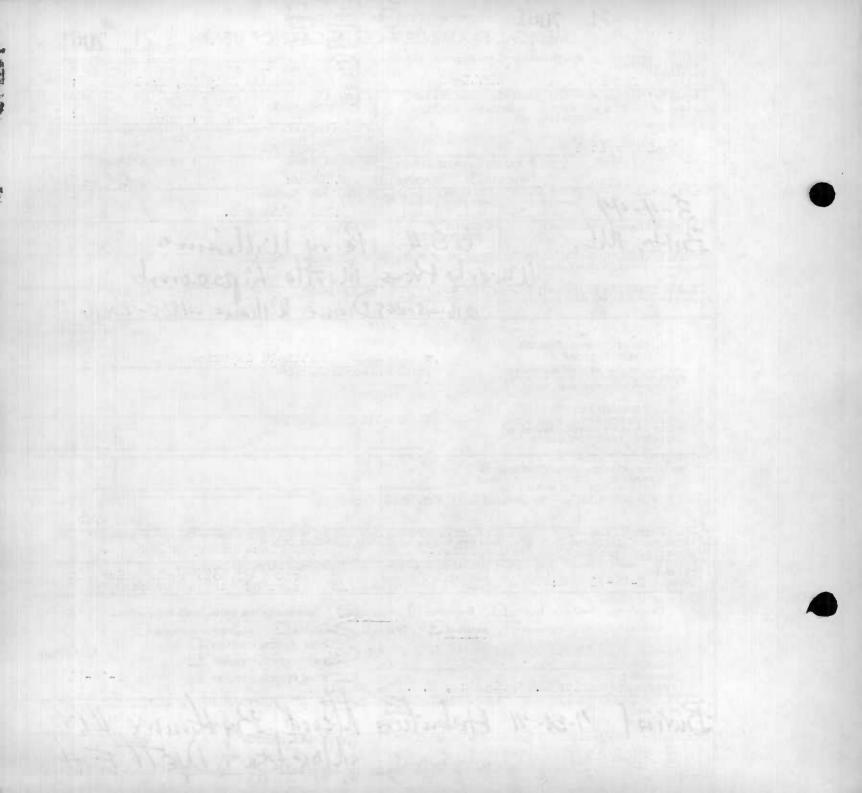
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

3 15 W, Franklin 7/18/71

MEDICAL EXAMINER'S CERTIFICATE OF DEATH  INAME OF DECEASED  (Type or Print)  INAME OF DECEASED  (Type or Print)  PERRY  WILLIAMS  PERRY  PERRY  WILLIAMS  PERRY  WILLIAMS  ANA PERCHAPT  PRONOUNCED DEAD  JULY 24, 1971  S142 A <sub>M</sub> A STATE  PRONOUNCED DEAD  Mannis Perry  PRONOUNCED DEAD  Mary Land  CITY OR TOWN  CITY OR TOWN  CITY OR TOWN  WILLIAMS  A STATE  WILLIAMS  A COUNTY  WILLIAMS  CITY OR TOWN  IN JULY 24, 1971  S142 A <sub>M</sub> A STATE  PRONOUNCED DEAD  WILLIAMS  COUNTY  S. USUAL RESIDENCE (Where deceased lived, ill institutors residents below be
NAME OF DECEASED   PERRY   WILLIAMS   2. DATE   DEATH   Estimated   July 24, 1971   5:42   A.M.
PERRY   WILLIAMS   DEATH   PERRY   WILLIAMS   DEATH   PERRY
A. PILACE IN BANTIMORE, MARYLAND, WHERE PRONOUNCED DEAD   S. DATE PRONOUNCED DEAD   July 24, 1971   5:42 Am.
NOSPITAL   STATE   S
Sinai Hospital  S. SIACE  Male  Megro  WIDOWED  DIVORCED  Baltimore  S. SEX FACE  Megro  WIDOWED  DIVORCED  Baltimore  4805 Belle Ave.  11. DISTANPLACE (Stole of fyrogin country)  12. CITYEN OF  WANTE COUNTRY  WANTE COUNTRY  13. FATHER'S NAME  WANTE COUNTRY  LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  This does not mean the mode of dylog. 4.g., heart follows, liquir or complication which covered death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINE THE  DISEASE OR CONDITION SITE ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINE THE  DISEASE OR CONDITION SITE ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINE THE  DISEASE OR CONDITION SITE ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINE THE  DISEASE OR CONDITION SITE ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINE THE  DISEASE OR CONDITION SITE ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINE THE  DISEASE OR CONDITION SITE ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINE THE  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF RANTO TRAINE TO THE REMAINAL  DISEASE OR CONDITION OF
SITUAL HOSPICAL  6. SEX  7. RACE  Male  Negro  9. DAIL OF BIRTH  10. AGE (in yeors including a pays a Hours in Min. 24 Hrs. E. STREET AND NUMBER  11. BIRTHPLACE (stole of (sraph country))  12. CITIZEN OF WILL OF BIRTH  12. CITIZEN OF WILL OF BIRTH  13. FATHER'S NAME  14. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yea, no grundnown) (il yes, give wor or doles of service)  15. SOCIAL SECURITY NO.  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yea, no grundnown) (il yes, give wor or doles of service)  17. SOCIAL SECURITY NO.  18. LANDROWN WORK OF MARKED TO THE SEMINAL DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart lower)  ANTECDENT CAUSE (A) STATING THE UNDERLY NO FRANCE OF INJURY (e.g., in or c. about 12 C. WHERE DID (it is ballimore City, give exact location)  OTHER SIGNIFICANT CONDITIONS FOR ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION STATING THE UNDERLYING CONDIT
Male Negro WIDOWED DIVORCED Saltimore  9. DATE OF BIRTH  10. AGE (In years of Widows)  11. BIRTHPLACE (Stote of tyropho country)  12. CITIZEN OF HOURS INC.  13. LUSUAL OCCUPATION (Give kind of work) 18. KIND OF BUSINESS/ORYNDUSTRY) 15. MOTHER'S MANDE  14. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Tes, no or unknown) (If yes, give wor or dobts of service)  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Tes, no or unknown) (If yes, give wor or dobts of service)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Tes, no or unknown) (If yes, give wor or dobts of service)  17. SOCIAL, NO.  18. INFORMANT  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart followe, otherwise, led, it means the dissose, heart followed doesh.)  19. OTHER SIGNIFICANT CONDITION S.F. ANY, GIVING MISE TO THE EMMINAL DEEASE OR CONDITION THE UNDERLYTING CONDITION LST. (C).  10. OTHER SIGNIFICANT CONDITIONS CONDITION FOR WHICH OPERATION WAS PERFORMED  222A. EXTERNAL CAUSE WAS UNDERLYTING (Nonlin) (Opy) ("eor") (Hour") 225. PLACE OF INJURY (e.g., in-ex-dobut) 22C. WHERE DID (if in Bobitmore City, give exact location) Street.  222A. EXTERNAL CAUSE WAS UNDERLYTING (Nonlin) (Opy) ("eor") (Hour") 22F. HOW DID INJURY OCCUR?  OF INJURY (CAUSE OF DEATH).  222A. EXTERNAL CAUSE WAS UNDERLY (ALPHADA) 7-24-71 4:07 A MORE MATTER CAUSE OF STREET OF STRE
9. DATE OF BIRTH    10. AGE (in years lost birthday)   24   24   24   24   24   25   25   25
13. FATHER'S NAME   12. CITIZEN OF   12. CITIZEN OF   13. FATHER'S NAME   13. FATHER'S NAME   14. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES   17. SOCIAL   16. WAS DECEASED EVER IN U.S. ARMED FORCES   17. WAS DECEASED EVER IN U.S. ARMED FORCES   17. WAS DECEASED EVER IN U.S. ARMED FORCES   17. WAS DECEASED EVER IN U.S. ARMED FOR IN U.S. ARMED FORCES   17. WAS DECEASED EVER IN U.S. AR
11. BIRTHPLACE (Stote of feraign country)  12. CITIZEN OF WHAT COUNTRY  WHAT COUNTRY  13. FATHER'S NAME  14. USUA COCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR NDUSTRY 15. MOTHER'S (MAIDEN NAME  done during meat of working life, even if retired)  14. WAS DECEASED EVER IN U.S. ARMED FORCES?  17. SOCIAL NO.  18. INFORMANT  SECURITY, NO.  19.  19.  10.  10.  11.  11.  11.  11
WHAT COUNTRY  TALUSUAL OCCUPATION (Gree kind of work) 148. KIND OF BUSINESS OR YNDUSTRY  To the dome during most of working life, even if retired)  ACC V  VESS  WATTE ADDRESS  TO SOCIAL  (Pa, no or unknown) (if yes, give wor or doles of service)  IS SCURITY, NO.  JOSCIAL  (Pa, 10 or unknown) (if yes, give wor or doles of service)  IS SCURITY, NO.  JOSCIAL  (Pa, 10 or unknown) (if yes, give wor or doles of service)  IS SCURITY, NO.  JOSCIAL  (Pa, 10 or unknown) (if yes, give wor or doles of service)  IS SCURITY, NO.  JOSCIAL  (Pa, 10 or unknown) (if yes, give wor or doles of service)  IS SCURITY, NO.  JOSCIAL  (Pa, 10 or unknown) (if yes, give wor or doles of service)  IS SCURITY, NO.  JOSCIAL  (Pa, 10 or unknown) (if yes, give wor or doles of service)  IS SCURITY, NO.  JOSCIAL  (Pa, 10 or unknown) (if yes, give wor or doles of service)  IS SCURITY, NO.  JOSCIAL  (A) IMMEDIATE CAUSE  Multiple injuries  Multiple injuries  Multiple injuries  (A) IMMEDIATE CAUSE  Multiple injuries  (A) IMMEDIATE CAUSE  Multiple injuries  (A) IMMEDIATE CAUSE  Multiple injuries  (B) DUE TO, OR AS A CONSEQUENCE OF:  UNDERLYING CONDITION LAST.  (C)  JOHER SIGNIFICANT CONDITION SCONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TRANINAL  DESEASE OR CONDITION OF NEW IN PART 1 (A).  JOHER SIGNIFICANT CONDITION OF NEW IN PART 1 (A).  ZOA. DATE OF OPERATION   208. CONDITION FOR WHICH OPERATION WAS PERFORMED  ZOA. DATE OF OPERATION   208. CONDITION FOR WHICH OPERATION WAS PERFORMED  ZOA. DATE OF OPERATION   208. CONDITION FOR WHICH OPERATION WAS PERFORMED  ZOA. DATE OF OPERATION   208. CONDITION FOR WHICH OPERATION WAS PERFORMED  ZOA. DATE OF OPERATION   208. CONDITION FOR WHICH OPERATION WAS PERFORMED  ZOA. DATE OF OPERATION   209. CONDITION FOR WHICH OPERATION WAS PERFORMED  ZOA THE META CAUSE WAS WHICH AND A MANUFACTURE OF STORMED COURTS OF STORMED COURTS OPERATION OF STORM
A. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yea, mo or unknown) (if yea, give wor or doles of service)   17. Social SECURITY, NO.   18. INFORMANT   ADDRESS   17. Social SECURITY, NO.   18. INFORMANT   ADDRESS   17. Social SECURITY, NO.   18. INFORMANT   APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH   APPR
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, me or unknown) (If yes, give wor or dokes of service)   17. SOCIAL   18. INFORMANT   ADDRESS   SECURITY, NO.   18. INFORMANT   ADDRESS   SECURITY, NO.   18. INFORMANT   ADDRESS   APPROXIMATE INTERVAL   SECURITY, NO.   19. INFORMANT   APPROXIMATE INTERVAL   APPROXIM
10.   10.
SECURITY, NO.   SECURITY, NO
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foliure, ostherila, etc.) im means the disease, injury or compilication which coused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION YELL THE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION THE TERMINAL DISEASE OR CONDITION TO HE TERMINAL DISEASE OR CONDITION THE TERMINAL DISEASE OR CONDITION THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION OF IN PART I (A).  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION OF IN PART I (A).  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDIT
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foliure, osthenie, etc. It meens the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO HE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION OF NOT RELATED TO THE TERMINAL DISEASE OR CONDITION POR WHICH OPERATION WAS PERFORMED  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS  UNDERLYING TO OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS  UNDERLYING TO OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22B. PLACE OF INJURY (e.g., in or obout) 22C. WHERE DID (it in Bolitimore City, give exact location)  YES  UNDERLYING CONTRIB-  UTING CAUSE OF DEATH.  22CD. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED OPERATOR OF INJURY OCCURRED OPERATOR
LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foliure, osthenia, eit., it means the disease, injury or compilication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (c)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GWEN IN PART I (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIB.  22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (if in Boltimore City, give exact location)  Yes  UNDERLYING (OR CONTRIB.  UNDERLYING OR CONTRIB.  UNDERLYING OR CONTRIB.  UNDERLYING OR CONTRIB.  UNDERLYING (OR CONTRIB.  UNDE
(This does not meon the mode of dying, e.g., heart foliure, esthenia, etc. it meons the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS  UNDERLYING TO CONTRIB.  UNDERLYIN
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDERLYING TO ROOM TO CONTRIBUTING TO THE COPY, sireet, office bidg., etc.)  UNING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 2CC. WHERE DID (it in Boltimore City, give exact location) STreet  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED  OF INJURY (APPROX.) 7-24-71 4:07 A m. WHILE AT WORK
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (c)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIBUTING TO COUNTRIBUTING TO COUNTR
22A. EXTERNAL CAUSE WAS UNDERLYING TO CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) bhome, farm, factory, sireet, effice bidg., etc.)  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OPERATOR OF INJURY OCCURRED OPERATOR OF INJURY OCCURRED OPERATOR OF INJURY OCCURRED OPERATOR OF STOPPED TRUCK
Yes
Yes
Yes
UNDERLYING TO CONTRIB- UTING CAUSE OF DEATH.    22D. TIME (Month) (Doy) (Yeor) (Hour)   22E.INJURY OCCURRED OF INJURY OF INJUR
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED   22F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.) 7-24-71 4:07 A   WHILE AT   WORK   XI   YORK   XI   YO
(APPROX.) 7-24-71 4:07 A WHILE AT WORK OF PEAR OF STOPPED Truck
I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion
resulted from: Natural causes   Accident XX   Suicide   Homicide   Undetermined manner   CHIEF MEDICAL EXAMINER
ACTUAL DATE SIGNED
EXAMINER'S
NAME (Type) Charles S. Springate, M.D.
244 BURIAL CREMATION, 24B. DATE 24C NAME OF CEMETERY OF CREMATORY 24D. TOCATION, (City, town, or county), (State)
Durial 7-30-71 Hebritum Wenn Bostonine 116
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS
JUL 27 1971 Robert & Farken MA (10P to VIVI 1) 1010 F +
VS 151-REV. 1/1/68



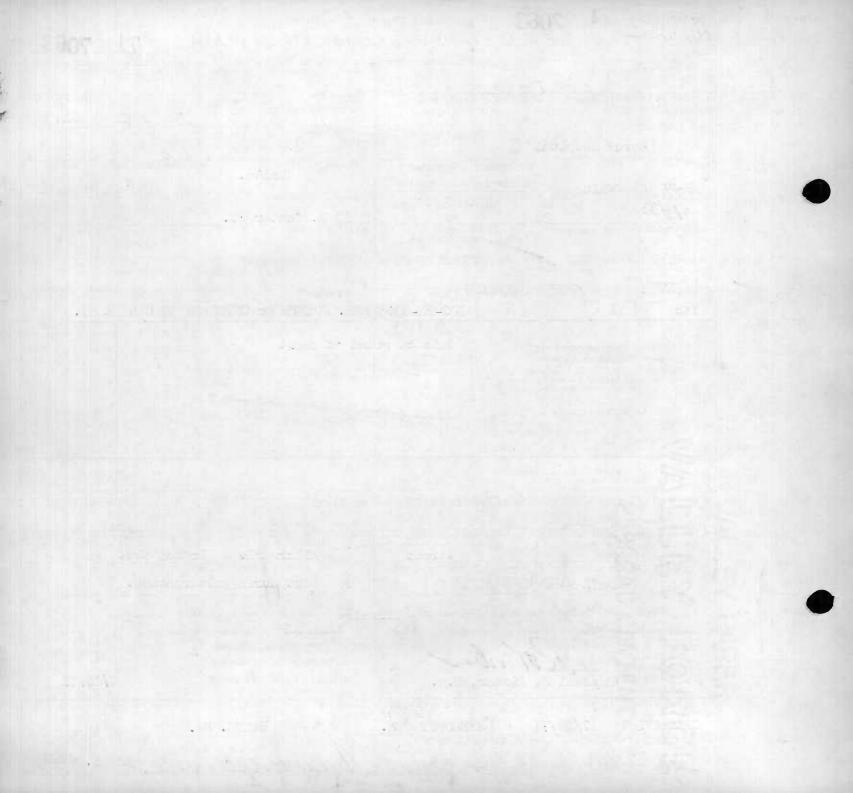
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

P-452	inia ini	062		Y HEALTH DEPARTMENT	REG. NO.	71 7062
I NAME OF DECEASE		062	CERTIFICA	TE OF DEATH		
(Type or Print) ANG	relo		Pellingra	7-	D HOUR OF DEATH	10 30
3. PLACE IN BALTIMO			NCED DEAD	A. STATE 8. COUN Md. BALTOL	1 6 8	titution: residence before admission)
INSTITUTION	TODALIS ON LOC	A IION		C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
OID among				BALTO.		YES TO NO
GEORG	E WASHINTO	N NURSIN	G HOME		NSYLVANI	21/0
5. SEX 6. RA	CE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. ACE (In venue	
M. W.		WIDOWED	DIVORCED	5-28-94	lost birthdoy	Months Doys Hours Min.
toA. USUAL OCCUPATIOn done during most of working	N Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
TATLOR	,	MEN CLO	THING.	ITALY.		11 6 0
13. FATHER'S NAME		.1		14. MOTHER'S MAIDEN NAM	ME	U.S.A.
-						
5. Was Deceased Ever Yes, no or unknown) (If ye	n U. S. Armed Fo	rces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			080-14-9164-	Vision Las	Tall pro	0 -1
18. 250	7 1		CAUSE OF DEAT	MANTEN LEI	TCH 55-	22 RELEREST RI
	CONDITION DI	RECTLY	PAR 1/2	ON AS CALL	40	BETWEEN ONSET AND DEATH
	ING TO DEATH	4.4	(A) IMMEDIATE CAL		Disc	480 4 KS
IThis does not me heart foilure, asthe	nia, elc. Il meons	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	/	***************************************
injury of complicati	on which coused	deoth.)	Di H	136163 M	EUNTU	15 1101
	EDENT CAUSES		(B)	-		4107
DISEASES OR CO	ONDITIONS, if	ony, giving	DUE TO, OK AS	A CONSEQUENCE OF:	\	V
UNDERLYING COL	IDITION lost.	overling the	(c) 11) P	10 CO	7	
O THER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDIT 19A-DATE OF OPER.	NOT RELATED TO T	HE TERMINAL	Conges	twe Bear	1 Faile	1 1969
19A. DATE OF OPER	TION 198. CON	DITION FOR W	HICH OPERATION,	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIR	NDINGS CONSIDERED
21A. ACCIDENT WA	1 PRI	TEWER	D HIP	100	IN CERTIFYING CAUS	SES OF DEATH?
OR CONTRIBUTING	CAUSE OF		LACE OF INJURY (e.g., it form, factory, street, al	or obout 21 C. WHERE DID	(If In Baltimare	City, give exact lacation)
OF INJURY (Mont	hl (Doyl (Yeorl		NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
IAPPROX.)		While Work	At Work	, 🗆		
22. I certify that	O(this hospital	) attended the	deceosed from	6-4-1	92/ to 7 -	- 17 - 192/
that ( (we) last s			1-16	- 671		on death occurred on the date
and haur and from	the couses stat	ed abave.	(We) (did) (did not) v	lew the body ofter death.		The state of the state
23A SIGNATURE	1 0	1			2	38. DATE SIGNED
Sichard	Juga	m,1	4 0 DEGREE Phys		Staff Phys.	7-17-71
23C. PHYSICIAN'S NAME (Typel	0	1	DEOREE	3D. ADDRESS 936	W, NOR	TH Five 1
Richard	Tyson M	1D		BALTO	21217	M.d.
4A. BURIAL CREMATIO REMOVAL (Specily)			AE of CEMETERY OF CRE	MATORY 24D. LO	CATION (City.	town, or countyl (State)
Cremation	7-20-	7/ /	Les mes Q	1 2	4	m . 1 1
SA. DATE REC'D BY HE	ALTH DEPT.	25B. NAME OF		25C. FUNERAL DIRECTOR	allemore	ADDRESS
S 150-REV 1/1/68				and the	July Nore	322 Sittingh SY.

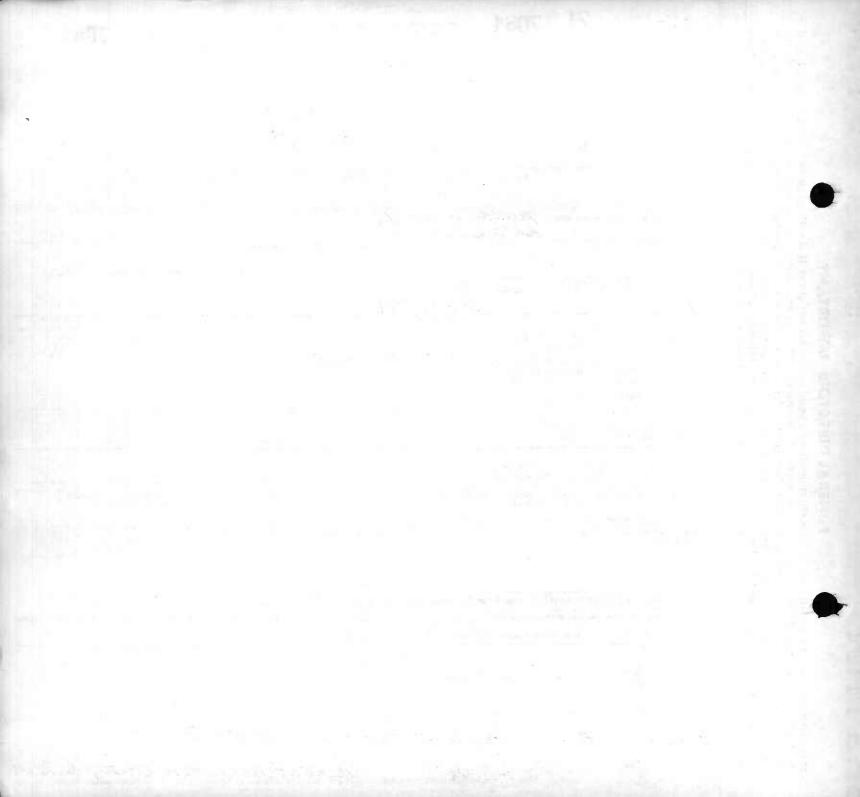
2335 anoka ava , 15 adm. to Boller Hill 5/29/69 later to Gue. Washington 4. M.

TV SYNCE

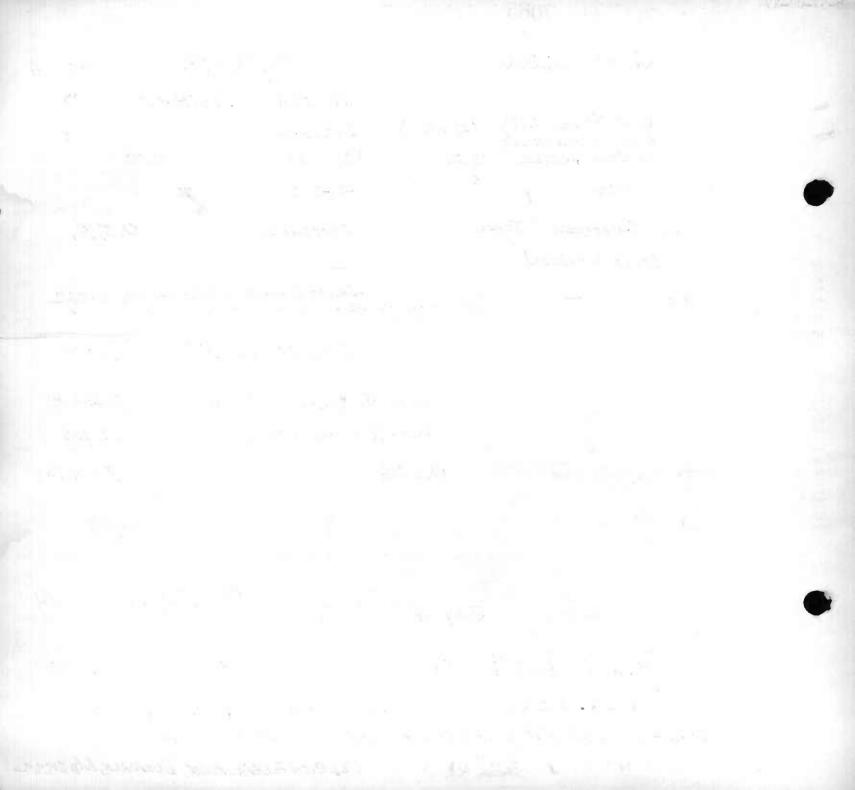
M 71 7063 BALTIMORE CITY H	EALTH DEPARTMENT	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO 71 706	3
BIRTH NO.	REG. NO.	
1. NAME OF DECEASED	2. DATE Known Manth Day Year Hour	
(Type or Print)  #OSEPH/MC_CUTCHEON	OF DEATH Estimoted	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 7 25 1971 11:	35p
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before odmis	sion)
37 Mercy Hospital	A. STATE Md. BILL COUNTY	00
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
male White WIDOWED DIVORCED	Balto.	
P. DATE OF BIRTH  3/3/33  10. AGE (In years   If Under 1 Yr. If Under 24 Hrs   Manths, Days   Haurs   Min.   Haurs   Haurs   Min.   Haurs   Ha	E. STREET AND NUMBER	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
WHAT COUNTRY?		
4A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	RY 15. MOTHER'S MAIDEN NAME	
ane during mast of working life, even if retired)	The state of the s	
6. WAS DECEASED EVER IN U.S. ARMED PORCES? THE SOCIAL	?	
Yes, na ar unknown) (If yes, give wor or dates of service)  SECURITY NO.	18. INFORMANT ADDRESS	
Yes, na ar unknown) (if yes, give wor or dates of service) YES  SECURITY NO. 100-214-136		
19. CAUSE OF DEA	ATH APPROXIMATE IN BETWEEN ONSET A	
DISEASE OR CONDITION DIRECTLY Gunshot W	round of chest	
LEADING TO DEATH (A)IMMEDIATE	CAUSE	
(This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	R AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes	r No)
02	7700	
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	., in ar about 22C. WHERE DID (If in Baltimore City, give exact lacotion)	
UNDERLYING DOR CONTRIB- UTING CAUSE OF DEATH. home, farm, factory, street, afti	Albermarle & Plowman Sts.	
	Shot during altercation.	
23.		
	utopsy 🗵 ond that on this basis, death in my opinion	
resulted from: Notural couses Accident Suici	ide Hemicide Undetermined manner	
12/1	CHIEF MEDICAL EXAMINER DATE SIG	VED
ACTUAL SIGNIATURE AM	ASSISTANT MEDICAL EXAMINER	450
SIGNATURE M.	n Assistant Mesteric Entrant tel	
EXAMINER'S Puggell S Figher M D	.0.	
EXAMINER'S Russell S. Fisher, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 7/26/71	
NAME (Type)  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETER)	ASSOCIATE MEDICAL EXAMINER 7/26/71	te)
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER)  REMOVAL (Specify)	ASSOCIATE MEDICAL EXAMINER 7/26/71  Y or CREMATORY 24D. LOCATION (City, town, ar county) (Ste	te)
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER)  CREAMATION 7/29/7I GREEMOUNT CEM	ASSOCIATE MEDICAL EXAMINER 7/26/71  Y or CREMATORY 24D. LOCATION (City, town, ar county) (Sto	te)
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER)  REMOVAL (Specify)  CREAMATION 7/29/7I GREEMOUNT CEM  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ASSOCIATE MEDICAL EXAMINER 7/26/71  Y or CREMATORY 24D. LOCATION (City, town, or county) (Steel BALTO Mag. 25C/FUNERAL DIRECTOR ADDRESS	
NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  CREAMATION  7/29/7I  CREEMOUNT CEM	ASSOCIATE MEDICAL EXAMINER 7/26/71  Y or CREMATORY 24D. LOCATION (City, town, ar county) (Sto	



CERTIFICATE OF DEATH  REG. NO.  1. NAME OF DECEASED (Type or Print)  SMITH, WILLIAM H.  2. DATE AND HOUR OF DEATH  JULY 25, 1971 2:00  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?	Ĝ.
1. NAME OF DECEASED (Type or Print)  SMITH, WILLIAM  JULY 25, 1971 2:00  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  A. STATE  B. COUNTY	
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  A. STATE  A. USUAL RESIDENCE IN the deceased lived. Il institution: residence below.	Al-
A.SIATE B. COUNTY	a. A
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MAYY and	ore admission
	0
Mercy Haspital E. STREET AND NUMBER	
5412 Tramore Rd 212	.14
Manthai Dava : Have	Under 24 Hrs
Male While WIDOWED DIVORCED 10 18 12 1 PR	
DA. USUAL OCCUPATION (Give kind of work 108, KIND, OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHA	AT COUNTRY
Charteur American Maryland America	can
3. FATHER'S NAME	
Wm. S. Smith Sadie Van Deusen De	use
S. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT ADDRESS ADDRESS	
No 212-07-4377 Mrs. Smita. Same as a	hove
BETWEEN ONS	TE INTERVAL
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  IThis does not mean the mode of dying, e.g., heart foilure, asthenia, etc., it means the disease.  (A) IMMEDIATE CAUSE Acute Myocardial Infantion  DUE TO, OR AS A CONSEQUENCE OF:	1 10 :
This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUSE  (LUCCE TO CONSEQUENCE OF:	aug
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES ASCUT	?
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
nise to the above cause (A) stating the UNDERLYING CONDITION last (C).	
\\/	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL (DISEASE OR CONDITION GIVEN IN PART 1 (A)	
19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A-AUTOPSYS (Yes of No.) 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	D
21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g., in or obout 21 C., WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF home, foctory, street, office bidg, INJURY OCCURY	on)
DEATH (notify medical examiner) elc.)	on)
DEATH (notify medical examiner) etc.)  21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY	on)
DEATH (notify medical examine) etc.)	on)
DEATH (notify medical examines) etc.)  21D.TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  While At The Not While The Not	nn)
DEATH (notify medical examines)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While A1  Not While  A1 Work  22. I certify that (1) (This hospital) attended the deceased from July 24 19 1 to July 25	19.71
DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At Not While At Work  At Work  22. I certify that (1) (this hospital) attended the deceased from July 19 71 to July 25 that (1) (we) last saw the deceased alive an July 25 19 71 and that in (my) (our) opinion death occurred and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	19.71
DEATH (notify medical examines)  21D.TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While A1 Work  22. I certify that (I) (this hospital) attended the deceased from July 24 19 1 to July 25 that (I) (we) last saw the deceased alive an July 25 and that In (my) (our) opinion death occurred and hour and from the causes stated abave. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED	19.7.
DEATH (notify medical examines)  21D-TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURED OF INJURY (APPROX.)  While At  Not While  19  19  10  10  10  10  10  10  10  10	19.7.
DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED  OF INJURY (APPROX.)  While At Not While At Work  At Work  19 10 JV 2 1  that (1) (we) last saw the deceased alive an JV 2 19 7 and that In (my) (our) apinion death occurred and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23C. PHYSICIAN'S  NAME (Type)  21F. HOW DID INJURY OCCUR?  19 7 ond that In (my) (our) apinion death occurred apinion death occurred by the body after death.  23B. DATE SIGNED  23C. PHYSICIAN'S  NAME (Type)	19.71
DEATH (notify medical examines)  21D.TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED  OF INJURY (APPROX.)  While A1 Not While   Not While   Not While   Not While   Not Work   Not While   Not Work   Not While   Not Work   Not	19.71
DEATH (notify medical examines)  21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED  OF INJURY (APPROX.)  While At Not While At Work  22. I certify that (I) (this hospital) attended the deceased from July 25 19 7 and that In(my) (our) opinion death occurred and hour and from the causes stated abave. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23C. PHYSICIAN'S  NAME (Type)  TOWN  OHE  Med. Director Phys. Director Phys. Director Phys. Director Phys. Director Phys. (City, town, or county)  4A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county)	19.7.1
DEATH (notify medical examines)  21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED  OF INJURY  (IAPPROX.)  22. I certify that (I) (This hospital) extended the deceased from Juy 25 19 7 ond that in (my) (our) opinion deoth occurred and hour and from the causes stated abave. (I) (We) (did) (did not) view the body after deoth.  23A. SIGNATURE  23C. PHYSICIAN'S  NAME (Typel  TONY  OHE  Mod. Stoff Director Phys. Director Director Phys. Director Director Phys. Director D	on the dat
DEATH (notify medical examines)  21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While At Not While At Work  At Work  22. I certify that (I) (This hospital) attended the deceased from July 19 7 ond that In (my) (our) apinion death occurred and hour and from the causes stated abave. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Attending Med. Staff Director Phys. DIV 25, 19 NAME (Type)  23D. ADDRESS  WANTER OF TOWN OF EMETERY OF CREMATORY  24D. LOCATION (City, town, or county)  (City, town, or county)	on the dat



ab-5/-08-3/



VS 151-REV. 7/1/68

LEXICH FUNGEAL HOME, DUNGALK ME

-		-53 Left	BALTIMORE CITY	HEALTH D	EPARTMENT			
1-143	71 70	)67	CERTIFICA	TF OF	DEATH.	REG. I	NO. 71	7067 General Hospita
BIRTH NO.	P. 400		CERTIFICA		DEATH	0.0.AME	aryland (	General Hospita
1. NAME OF DEC (Type or Print)	TABELING,	MILDRED			Z. DATE A	ND HOUR OF July 197.	DEATH	5:10 p.m.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL A. STATE	RESIDENCE (Who	ere deceased liv	ed, If institution:	residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Md.		NII		702
INSTITUTION				C. CITY OR			D. INSIDE CITY	
4 / M	aryland Gener	al Hosp	ital		AND NUMBER		YES	] 00 []
100				813 N	. Lakewoo	od Ave.	10.C	
Female	6. RACE		NEVER MARRIED	B. DATE OF	ust 1900	9, AGE (In year lost birthdoy)	ors If Und Month	der 1 Yr. If Under 24 Hrs. si Doys Hours Min.
		WIDOWED	BUSINESS OR INDUSTRY				110.61	TITTLE OF WILLTE
dane during most of	working life, even if retired)				ACE (State or fore	eigh country)		TIZEN OF WHAT COUNTRY?
	achine op.	CTOTHI	ng mfg.		aryland		0.	.S.A.
3. FATHER'S NA	we dward A. Appe	1			r's maiden na Junetta l		ns	
S. Wos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORM	ANT			ADDRESS
Yes, no of unknown	(If yes, give wor or dote	es of service)	SECURITY NO. 212-01-2932A	Miss E	thel Appe	el,813 N	. Lakewoo	od Ave. 21205
18. OISEA	SE OR CONDITION DI	RECTLY	1-Acute myoca		nfarctio	n with e	xitus	BETSTER CHAT AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL	JSE				
heart foilure,	ot meen the made of asthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUE	NCE OF:			
	aplication which coused		2-Arterioscle	rotio (	י עד ה	loca TTT	with ot	riel
	ANTECEDENT CAUSES		(B)DUE TO, OR AS	10016	· · · · · · · · · · · · · · · · · · ·	#4-1-1-W+4-W	WIOH GO	
rise to the	OR CONDITIONS, if abave couse (A) CONDITION last.		3-Generalized	arteri	oscleros	is, mode	rate	10 yrs. +
	- 11		(0)					
	CANT CONDITIONS CO							
	ONDITION GIVEN IN PAR	RT_1_(A).						
19A.DATE OF	OPERATION 198. CON		WHICH OPERATION	20 A. AU	TOPSY? (Yes or N		WERE FINDING NG CAUSES O	S CONSIDERED F DEATH?
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF	21B. hom etc.	PLACE OF INJURY(e.g., i e, form, foctory, street, of	n or obout 21 ffice bldg., IN	JURY OCCUR?	(If In	Boltimore City, g	give exact location)
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21	F. HOW DID IN	JURY OCCUR?		
OF INJURY		Whi	ile At Not Whit					
22. I certify	that (1) (XIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Q attended t	he deceased from Fe	bruary.	1958	.19to	present	time 19 ,
	last saw the decease		7/03/73				_	eath accurred on the date
			) (W&)×(&1%) (did nat) v			-		ased by the
23A. SIGNATU		100 000101 (1	/ (ara) (ara liar) v	TOW THE BUT			aminen o	
V	N.B.V.	Rangle	M.D. Atte	ending X	Med.	Staff Phys.		/26/71
23C. PHYSICIA	N'SI V	US	DEGREE	23D. ADDRES	Director L	rnys. —J		
NAME (T	ype					01 07	03.0	
4A. BURIAL CRE	MATION, 248. DATE		DEGREE	2938 EMATORY	St. Paul	St. 21	City, town,	, or county) (State)
REMOVAL (	Specify)							, 5, 50011177 (51010)
burial	28 July		arkwood Cemete		NERAL DIRECTO	Lto. Co.	, MO.	ADDRESS
00	1971 Pales		AA C		-		a Polto	
/S 150-REV. 1/1/	68			I OKT	TOU TAME!	Thr nome:	s, parto.	., Md. 21206

Ballot Brown L. H. Rey Kapet Carlot Birth Rate To New York Corner - -Mr. Server on Physical Introduction in Spirit Interna-

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/68

258 NAME OF REGISTRAR

Such

		BALTIMORE CITY	HEALTH DEPARTMENT	rioco
	RID	TH NO. CERTIFICA	TE OF DEATH REG. NO.	1 /000
	1. N	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
		pe of Finite Mary Hammel	7/24/71	1 400 PM
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If inst	itution: residence before admission)
	FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	T3alto. md	- 192 Honewas
_	IN:	STITUTION	11 42 0.13	E CITY LIMITS?
71	P	entury Home	E. STREET AND NUMBER	YES NO
	L	102 Mi Caca st	1900 Homewood Ave.	708
2	5. S	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH / 9. AGE (in years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
2		emale VVhite WIDOWED DIVORCED	10124/8/1 29	
	done	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY e during most of working life, even if retired)	11. BIRTHFLACE (State or foreign country!	12. CITIZEN OF WHAT COUNTRY
	10.	Housewife Home	Maryland	USA
2	130	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
2	15 1	James Samuel Wilson	Mary Ann Allender	
5	Yes	Wes Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yos, give war ar doles af service) SECURITY NO.	Mrs. Luella Baxter 591	ADDRESS 16 Marluth Ave.
	1	213-10-13850		
5		DISEASE OR CONDITION DIRECTLY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH		
		************************************		
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	>	
		ANTECEDENT CAUSES	esting Heart Failer	~~(
3		DISEASES OR CONDITIONS, if ony, giving nise to the abave cause (A) stating the	A CONSEQUENCE OF:	
		UNDERLYING CONDITION lost, (C) and	nons of Uncily A	
	N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************
	ERTIFICATION	19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yos of No.) 208. IF YES, WERE FIN	IDINGS CONSIDERED
	CERT			
	CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foclory, street, all places of the places	fice bidg. INJURY OCCUR?	City, give exact location)
	DIC	21D-TIME (Month) (Day) (Year) (Houd 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	~	OF INJURY  (APPROX)  While AI   Not While		
		22. I certify that (I) (this hospital) attended the deceased from	Sent 8 1966 to Ten	L 34 10 84
		that (1) (we) lost sow the deceased alive on Aur 24	1965 and that In(my) (5) apinio	24 19 H
	- 1	and hour and from the causes stated above. (1) (Managed) (did nat) vi		on account of the date
		23A. SIGNATURE	2	3R DATE SIGNED
		hys.	Med. Stoff Director Phys.	7/26/71
5		NAME (Type)	3D. ADDRESS	٨
		Willand Appletezis	6615 Kelsterstown R	-d -
	24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	10.77	town, or county) (Stote)
)		Burial 7/27/71   Loudon Park C	Cemetery   Baltimore, Md	•

25C. FUNERAL DIRECTOR

ADDRESS

5306



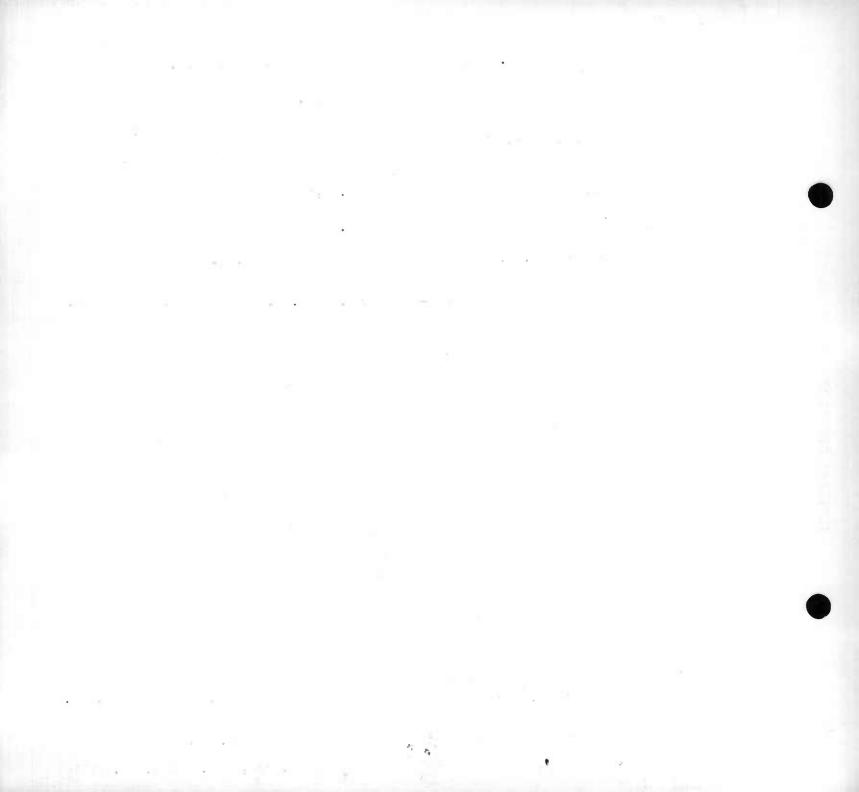
IMPORTANI DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

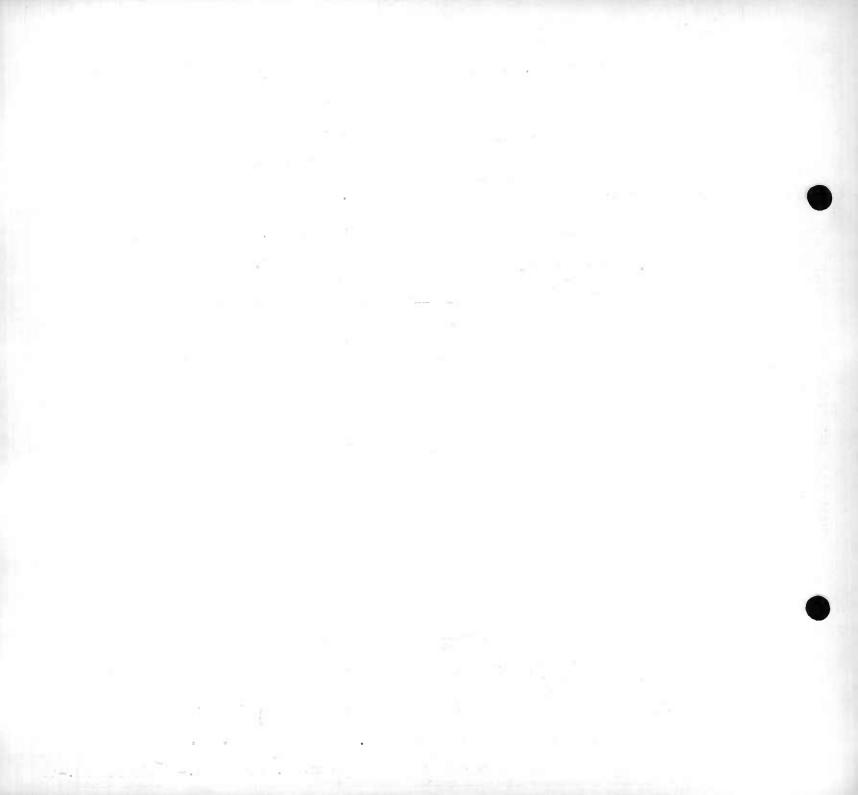
5 4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission.
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES A NO If Under 1 Ys. If Under 24 Hrs. 12 CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (If In Boltimore City, give exect location) and that in (my) (our) apinion death occurred on the date 23B. DATE SIGNED (City, town, or county) Illinois Lechard D Ruck Inc. Baltimore, Md



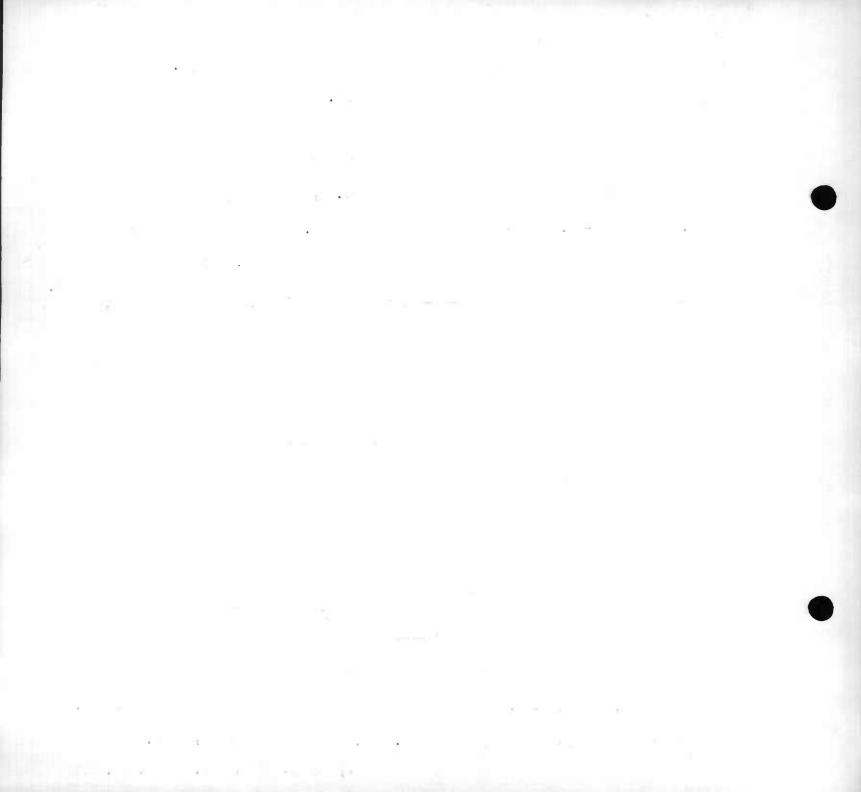
	7-460		. 7	070			HEALTH DEPARTM		REG.	No	71	70	70
	ME OF DECEA		AULIN	н.	MULLER		2. D		26, 19				120
3. PL	ACE IN BALTI	MORE MARYL	AND, WH	IERE PRONO	UNCED DEAD				e deceosed li		nstitution: 1	esidence b	efore odmiss
HOS	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						C. CITY OR TOWN			D. INS	IDE CITY L	IMITS?	700
	00	1613 E	ast 32	2nd. St	reet		Baltimo		1613	East	YES 22nd.		et
	nale	White		WIDOWED		머니	Jan. 20, 1888	3	9. AGE (In you	oors 33	If Under	Doys H	Il Under 24 lours Min
HOI	nemaker	rking life, even il	d of work 1	OR KIND OF	BUSINESS OR IND	USTRY	Md.	or foreig	gn country)		USA		HAT COUN
	ATHER'S NAME	Frederi			uller		Wilhelm	ina	K. S. (	Ohpe			
15. W (Yes, n	os Deceosed Evo o or unknown) (! NO	ver in U.S.A. fyes, give wo	med Force r ar dotes	s? of service)	16- SOCIAL SECURITY NO. 220-44-20	1	Mrs. Chas.	P. W	all 32	5 N.	Char	ADDRESS les S	
ř	DISEASES OR SE IO THE INDERLYING OF THER SIGNIFIC OF THE DEATH IO	abave caus CONDITION I	S, if an e (A) s asl.	laling the	(B) DUE 10, (C)	OR AS A	A CONSEQUENCE OF:			**********			
A D	ISEASE OR CON	PERATION 19	I IN PART	TION FOR V	VHICH OPERATION	-	20A. AUTOPSY? (Ye	s or No)	20B, IF YES	WERE NG CA	FINDINGS USES OF	CONSIDE DEATH?	RED
10	A. ACCIDENT R CONTRIBUTION EATH (notify me	WAS UNDERING CAUSE	YING D	21 B. hom etc.)	e, form, factory, stre	(e.g., in eet, offi	or obout 21C. WHERE CO bldg., INJURY OCC	DID CUR?	(lf In	Boltimor	e City, glv	e exact loca	otlan)
30	D. TIME (A F INJURY (PPROX.)	Month) (Doy)	(Yeor)		INJURY OCCURRED	D While Wark	21F. HOW D	חנאו סוי	RY OCCUR?				
th	22. I certify that (1) (this hospital) attended the deceased from 0 1 19 19 1 to 19 7 1 that (4) (we) last saw the deceased alive an 17 19 7 1 and that in (my) (every opinion feath accurred an the da and haur and from the causes stated abave. (1) (We) (did (did not) view the bady after death.												
	O AA D SA O OSCIETE Phys.					Phys.							
	C. PHYSICIAN'S NAME (Type	MTTT	iam H		q	EGREE			33rd.				ſd.
	Burial CREMA REMOVAL (Spe	7/2	29/71	Loud	on Park	OF CREA			lto. Mo		ly, town, o		(Stole
LUM. I	JUL 2	8 1971	Robert	E Val	Ben A.D.	) (	Leonard of	Ruck	, Inc.	Ba 11	to. Mo	ADDRE d. 212	:ss ≥14



0			BALTIMORE CITY	HEALTH DEPARTMENT				
S-63 BIRTH NO.	- Ala	7071	CERTIFICA	TE OF DEATH	REG. NO	71 7071		
(Type or Print)		II GOT	DATE		AND HOUR OF DEATH	1		
2 BLACE IN B	GEORGE		ROEDER	Jul	y 25, 1971			
FULL NAME (	CE LIE NOT IN HOSPI			A. STATE B. CO	here deceased lived. If	institution: residence before admission		
HOSPITAL OR	ADDRESS OR LOC	INOITA	UTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
00	1315 Ramblew	and Pand	1	Baltimore	YES X NO			
00	TOTO INGINIDIEM	oou noat	1	E. STREET AND NUMBER		1202		
				1315 Ramblew	ood Road			
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In veors	If Under 1 Ys . If Under 24 Hrs		
male	caucasian	WIDOWED	DIVORCED	Jan.21,1898	lost birthdayl 73	Months Doys Hours Min.		
10A. USUAL OC	CUPATION (Give kind of wo of working life, even if retired)	1 108 KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlote or fe	preign countryl	12. CITIZEN OF WHAT COUNTE		
DISPATCH	ER: MTA, reti			Baltimore, Md.		USA		
13. FATHER'S N				14. MOTHER'S MAIDEN N				
	W. Schroeder,			Annie E	Ho.	llingsworth		
5. Wos Deceos	ed Ever in U. S. Armed Fo wn) (If yes, give wer or de	rces?	16. SOCIAL	17. INFORMANT		ADDRESS		
no		01 2011104	213-10-925	Mrs Hattie Sch	roeder same			
18. 4	0714-	5.0	CAUSE OF DEAT	H		APPROXIMATE INTERVAL		
DISE	ASE OR CONDITION D		/			BETWEEN ONSET AND DEAT		
	LEADING TO DEATH		(A)IMMEDIATE CAL	ISE GORONARY OCCLUSION 10 MINUT				
heart failur	e, asthenia, etc. Il mean	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		- Control of the cont		
injury or c	omplication which cause	d deoth.)				llylany		
	ANTECEDENT CAUSE	S	ARTERIO	SCLEROTIC AEA	RY DISEASE	Ilveany		
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:				
rise lo	the above cause (A) NG CONDITION lost	slating the						
ONDERLI	NG CONDITION IOSE		(c)					
Z			_					
TO THE DE	ATH BUT NOT RELATED TO	INTRIBUTING	DIAME	TEG MZLLITE	25	3 40		
DISEASE OR	CONDITION GIVEN IN PA	RT 1 (A).	***************					
	WAS PER	RFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?		
, OR CONTRI	PENT WAS UNDERLYING	21 B, hom	e, farm, factory, street, of	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimo	ore City, give exoct locotion)		
U	ify medical examined	elc.						
OF INJURY	(Month) IDoy) (Yeorl		INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?			
(APPROX.)		Whi	ile At D Not While	·Π				
22. 1 cort!	fy that (1) (this hospito				1970 to JU	14.15		
		•				——————————————————————————————————————		
	e) last saw the deceas		V /			Inion death occurred an the dat		
		ted obove. (I	) ( <del>Wo) (did</del> ) (did not) v	lew the body ofter death	•			
23A SIGNA	TURE // //-	00	. 0		- 112	23B, DATE SIGNED		
Ville	Alh49800/11	thure.	V/. ///   Dham	nding - Med. Director	Staff Phys.	7-27-71		
23C. PHYSIC	IANS	70-0-4	DEGREE	3D. ADDRESS	111/21			
PAME	DALPH 4	20.72	4-101	10-10-11	A. Rliss	R		
4A. BURIAL C	REMATION, 124B, DATE	12/1 de	DE RO DEGREE	1) 1> Was 4141	1164 10009	NALTIMORE MY		
Burial	(Specifyl 7/30/7	1 Ne	w Cathedral C		Balto. Md.	ity, town, or county! (State)		
SA. DATE REC	D BY HEALTH DEPT.		OF REGISTRAR			APPER		
1111 9	8 1071 P.R.	E 3. L	A.A.	25C. FUNERAL DIRECTO		altimore, Md14		
/S 150-REV. 1/		3	The stand	1 6 6 5	G			
130-KEV. 1/	1/08							



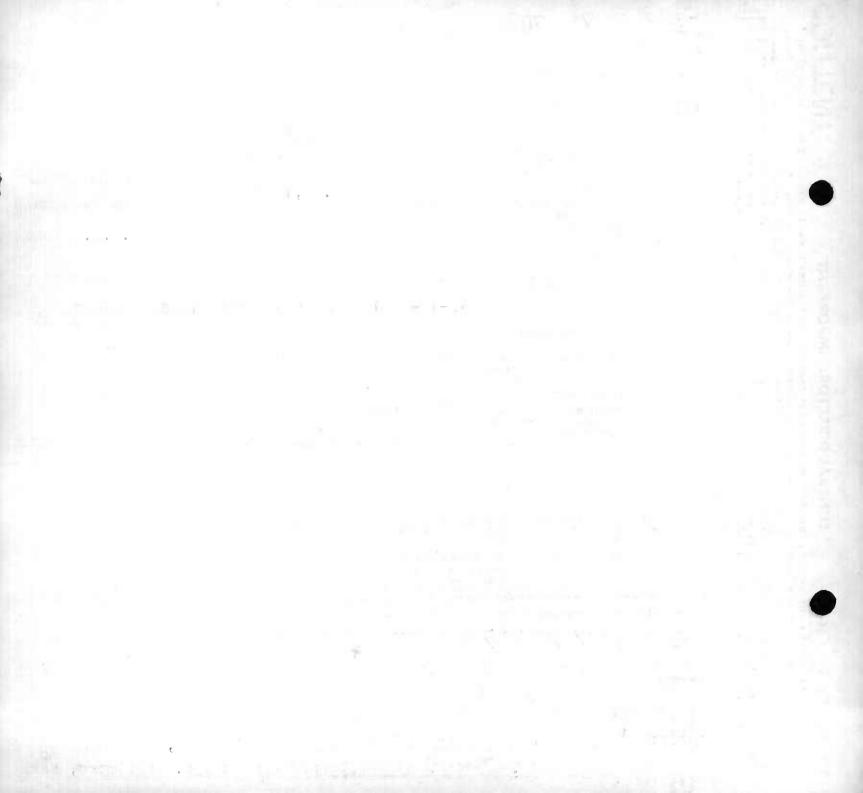
P-365 BIRTH NO.	71 7	7072		TE OF DEATH	REG. NO.	71 7072			
1. NAME OF DE (Type or Print)	MORR IS	P	OWDERMAKER		ND HOUR OF DEATH  y 26, 1971.	11:30A			
FULL NAME OF	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD		ere deceased lived. If in	nstitution: residence before admission			
HOSPITAL OR	2502 Eutaw P		UTION, GIVE STREET	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO					
				E. STREET AND NUMBER	ace				
S. SEX Male	White	7- MARRIED WIDOWED	DIVORCED A	Sept. 8, 1901	9. AGE (In years last birthday)	if Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.			
Ret Ins	structor— U.	f Balti	more	Pa •		USA			
	ouis Powdermak			Minn:	me ie Jacoby				
15. Was Deceased (Yes, no or unknown NO	Ever in U. S. Armed For all (If yes, give war ar date	ces? s of service)	213-05-6771A	Mark Powdermak	er 6521 Dawn	ADDRESS Md.			
(This does heart failure, injury at cor	SE OR CONDITION DIS LEADING TO DEATH not mean the mode of asthenia, etc. Is means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last.	dying, e.g., the disease, death.!	(B) ARTER	SETHERRT FI A CONSEQUENCE OF: CLOSCLEROTI A CONSEQUENCE OF: BETES MEA	*****	- hrs - Years - Years			
IO THE DEA	FICANT CONDITIONS COI TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OPERATION [198, CON	TETERMINAL  (A).  DITION FOR V	***************	VIC LUNG	E Years				
OR CONTRIBUTE OF	WAS PERF	218,	e, form, foctory, street, af	or about 21 C. WHERE DID INJURY OCCUR?	IN CERTIFYING CA	USES OF DEATH?  City, give exact lacation)			
21 D. TIME OF INJURY (APPROXI	(Month) (Doy) (Year)		INJURY OCCURRED  Re At		URY OCCUR?				
that (1) (we)	that (1) (this hospital	d alive on	7/19	19 <u></u>	1955 ta 7	19 Z/			
23.C. PHYSICIA NAME (1	MULS P	Kar	PNS, MA AHOI DEGREE PHYS	3D. ADDRESS	Shoff Phys.	23B, DATE SIGNED 7/-			
Jam 24A. BURIAL CRE REMOVAL ( Burial	Specifyl	24C. NA	ME of CEMETERY of CRE	MATORY 24D. L		Balto., Md. #01 y. town, or countyl (Stotel nn.			
25A. DATE REC'D	28 1971 Pobe	BE, Jan	E REGISTRAR	25C. FUNERAL DIRECTOR		Address lto. Md. 21214			



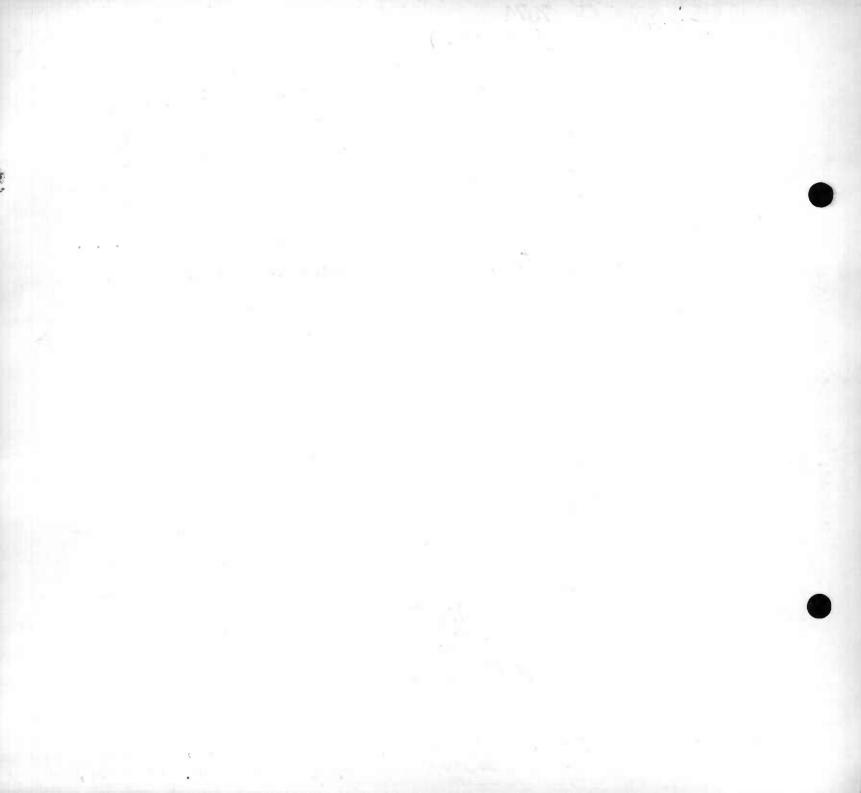
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

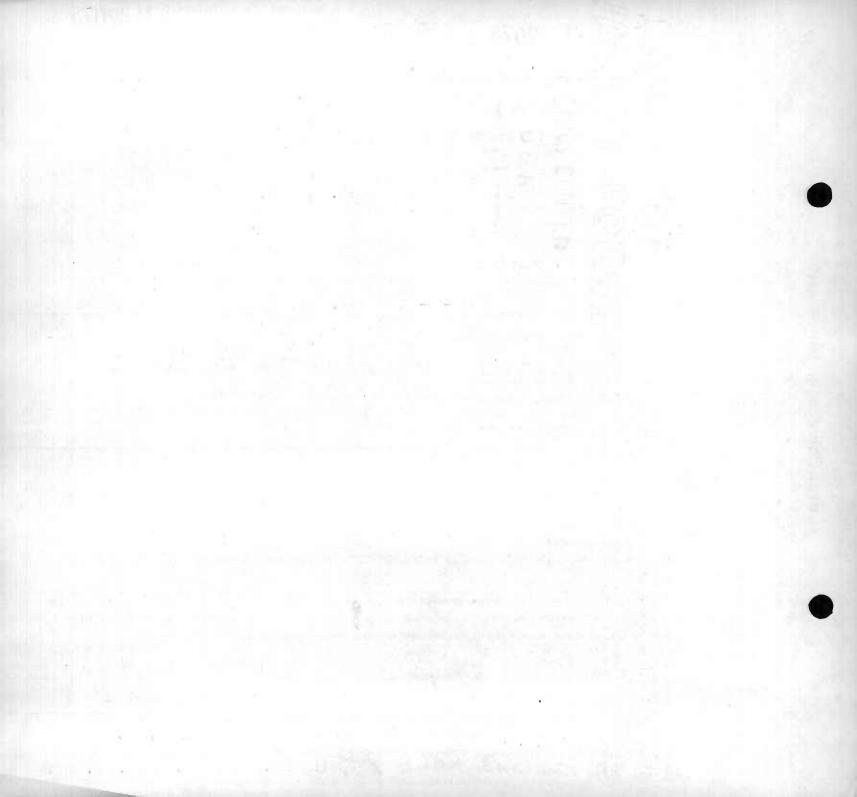
BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. 71 7073 CERTIFICATE OF DEATH REG. NO. 71 7073	
1. NAME OF DECEASED (Type or Print)  2. DATE AND/HOUR OF DEATH  7/24/7/ SA	• AA
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, II institution: residence below adm	nission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)    Maryland	+
Baltimore YES NO	
E. STREET AND NUMBER	
Sinai Hospital 3106 Bayonne Ave	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years if Under ) Yi II Under	
Male White WIDOWED DIVORCED   Sept. 12, 1892   Nonths Doys Hours	Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slole of foreign country) 112. CITIZEN OF WHAT CO	UNTRY?
done during most of working life, even if refired)	
Retired Real Estate & Ins Broker Penna U.S.A.	
? Pell Unknown	
15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) III yes, give wor or dates of service)  16. SOCIAL  17. INFORMANT  ADDRESS	
213-10-899 Mr William Lovitt 1208 Munsey Bldg	
118. CAUSE OF DEATH	ERVAL
DISEASE OR CONDITION DIRECTLY	DEATH
LEADING TO DEATH	3
(This does not mean the mode of dving. e.g.,	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
ANTECEDENT CAUSES / Cute Myor and al Costan to Ut day	5
(B) TOCOMA INT INTORCTION TO TOTAL	<u> </u>
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	
rise to the above cause (A) staling the UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL      DISEASE OR CONDITION GIVEN IN PART 1 (A).      TO THE DEATH BUT NOT RELATED TO THE TERMINAL      TO THE DEATH BUT NOT RELATED TO THE TERMINAL      TO THE DEATH BUT NOT RELATED TO THE TERMINAL	******
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION   204. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED	
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	
U 21A ACCIDENT WAS UNDERLYING   21B PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exocl locotion) or CONTRIBUTING   CAUSE OF   Colory, street office bldg., INJURY OCCUR?	
210-TIME (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR?	
Work At Work	
22. I certify that (1) (this hospital) attended the deceased from 7/69 19 7/ta 7/69 19	7/_
that (1) (we) last saw the deceased alive an	ne dote
and have and from the causes stated above. (1) (We) (did not) view the bady after death.	
23A. SIGNATURE / 23B. DATE FIGNED	
White Amending Med. Staff To Staff To	/
23 C. PHYSICIANS Phys. Director Phys. 1230 ADDRESS	
23 C. HYSICIAN'S NAME (Type) 23 D. ADDRESS	
DEGREE	
	tatel
Entombment, la company	
wastat   //2/// Dulaney Valley   Baltimore Maryland	4
1111 9 8 90791 (1) / A C L To R . "No B 1	d
AS 120-BEAT 1/1/48	XXX



7 200 71 7076	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. (Gu:	seppina CERTIFICA	TE OF DEATH	REG. NO.	7074
1. NAME OF DECEASED TAZI	O Josephine	2. DATE AN	D HOUR OF DEATH	, 4 4
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION!  HUMAN ADDRESS OR LOCATION!  HUMAN ADDRESS OR LOCATION!		C. CITY OR JOWN  E. STREET AND NUMBER	Harpord 7	tion: residence below admission  CITY LIMITS?  S NO
(///	RRIED NEVER MARRIED	8. DATE OF BIRTH  0/-07-09	9. AGE (In years If Mediate birthdey)	Under 1 Yr. II Under 24 Hr. enths; Days House; Min.
10A. USUAL OCCUPATION (Give kind of work 10B, Kill done suring most of working life, even if retired)  13. FATHER'S NAME	DIVORCED DIV	11. BIRTHPLACE (State or Tarein Haly		L. S. A.
Salvatore Mapp	Ti 6. SOCIAL	14. MOTHER'S MAIDEN NAM		?
(Yes, no or unknown) (If yes, give wer er detes of eer	SECURITY NO.	Sebastian Fai	2/0	Same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, heart feiture, asthenia, etc., it means the disinjury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it ony, grise to the obove couse (A) stating UNDERLYING CONDITION last,	edse,  (8)  DUE TO, OR AS	Tuil anton	al through	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  7 S  Y  S  Y  S  Y  S  T  T  T  T  T  T  T  T  T  T  T  T
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 17P. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING [7]	NAL	[20A.AUTOPSY? (Yes et No)]	20% IF YES, WERE FINDI	NGS CONSIDERED
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in heme, form, fectory, street, efficiel,	to	IN CERTIFYING CAUSES	OF DEATH?
21D. TIME (Manth) (Day) (Yea) (Hour) (APPROX.)  22. I sertify that ((i))(this hospital) attended	While At Net While At Werk	21 F. HOW DID INJU	RY DECURY	124 71
tho (ii) (we) lost sow the deceased alive and hour and fram the causes stated above	on	19 7 and that	in my (our) opinian	deoth accurred an the dat
23G. PHYSICIAN'S NAME (Type)  23G. PHYSICIAN'S NAME (Type)  C. FAZI	DEGREE Phys.		hoff 23 B.	DATE SIGNED 7/
The trace topechy?	C. NAME of CEMETERY OF CREA	AATORY 24D. LOC	CATION (City, tev	vn, ar county) (State)
Burial 7/28/71  25A. DATE REC'D BY HEALTH DEPT. 25B. NA  1111 98 1071 Habeat E. 4	Holy Redeemer	25C. FUNERAL DIRECTOR,	timore, Mar	ADDRESS



117 -			BALTIMORE CITY	HEALTH DEPARTMENT	- '7	71 7075
W-5	00 171	2075	CERTIFICA	TE OF DEATH	REG. NO.	+ /0/0
INAME OF DEC	CEASED	1010			ND HOUR OF DEATH	
(Type or Print)		1.7	an.			205/1
	LTIMORE MARYLAND, V	· COL	SR.	14. USUAL RESIDENCE (Wh	a5-71	nstitution: residence before admission)
FULL NAME OF				A. STATE B. COU	NTY	902
HOSPITAL OR			JTION, GIVE STREET	c. CITY OR TOWN Baltimore	D. INS	IDE CITY LIMITS?  YES X NO NO
44	Union Memori	al Hospi	tal	E. STREET AND NUMBER	2102 Erdm	an Avenue
5. SEX	6. RACE	7. MARDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Male	White	WIDOWED	DIVORCED	Nov. 5, 1911.	lost birthdoy)	Months Days Hours Min.
		108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Maintena		Hollida	y Inns	Marylar	nd	USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
		Dinuniek	Winn		Margan	et Dieweick
5. Was Deceased les, no or unknown	Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	, , , , , , , , , , , , , , , , , , , ,		213-03-6572	Mrs. Edith Win	n	(Same)
IB. / Co	SE OR CONDITION DE	DECTI Y	CAUSE OF DEATI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	Licetions L. A CONSEQUENCE OF: 12.	eng Cancer	r.
	nal mean the made of		DUE TO, OR AS	A CONSEQUENCE OF:	Hemosty	0,5
	osthenia, etc. It means		2 0	, , ,	in the same of 19	,,,
	ANTECEDENT CAUSES		pronehe	genic Carcen	oma	
			(B)	A CONSEQUENCE OF:		
rise to th	OR CONDITIONS, if e obave cause (A) G CONDITION last.		(C)	A CONSEQUENCE OF:		
			(C)			
TO THE DEA	 FICANT CONDITIONS CO TH BUT NOT RELATED TO T	HE TERMINAL				
	F OPERATION 198. CON		VHICH OPERATION	20 A. AUTOPSY? (Yes or N	ON IF YES WEDE	FINDINGS CONSIDERED
19A. DATE OF	WAS PER		WHICH OFERATION	No	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING [ UTING [] CAUSE OF y medicol examiner)		e, farm, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Whi	le At Not While			
22. I certify	that (1) (this haspita	1) ottended th	ne deceased from	200 00 mark 0mm a many mang mang mang mang mang mang mang mang	.19to	19
that (I) (we)	) lost sow the deceas	ed olive on				nion deoth occurred on the dote
		ted obove. (1	) (We) (did) (did not) v	iew the body ofter deoth.	•	
23A/SIGNATI	IN C		- a (MD)	alta and a second		23B. DATE SIGNED
100	rald t.	In	sley DEGREE Phys		Staff Phys.	7/25/71.
NAME (1		Tinsley	MD	Union	n Memorial H	ospital
4A. BURIAL CRE	MATION, 24B. DATE		ME of CEMETERY of CRE		LOCATION (C	ity, town, or county) (Stote)
Burial	- 1	71. Gar	dens of Faith	Cemetery	Baltimore	, Md.
5A. DATE REC'D	BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTO	Ruck. Inc. B	alto. Md. 21214
(S 150- PEV 1/1/	(68 A)		and the second		, 21.0 ° D	



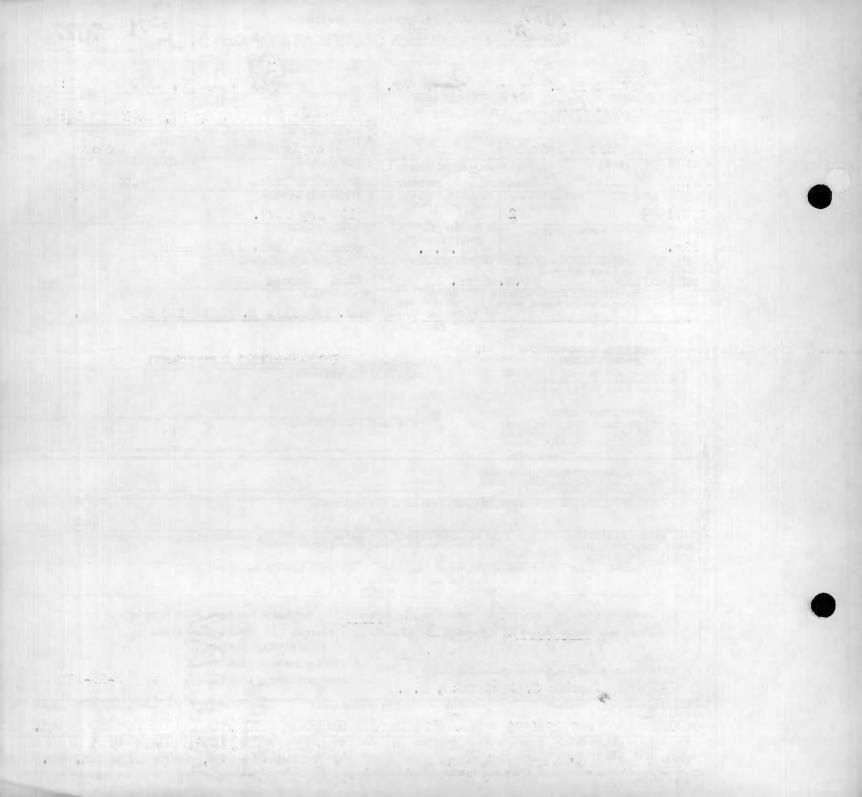
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	G-300 BALTIMORE CITY HEALTH	DEPARTMENT
	BIRTH NO. 71 7076 CERTIFICATE OI	DEATH REG. NO. 7076
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL	7/25/7/ 125 PM
	I A. STATE	RESIDENCE (Where deceased lived, II institution; residence before admission)  8. COUNTY
	HOSPITAL OR ADDRESS OR LOCATION)  WE STREET C. CITYO	R TOWN ID INSIDE CITY HAITS?
	R	D. INSIDE CITY LIMITS?  YES NO
	USPHS HODIT	AND NUMBER
1	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE O	14 Carter Hue
	MARRIED NEVER MARRIED 8. DATE O	9. AGE (In years If Under 1 Yt. If Under 24 Hrs. Manths Days Haurs Min.
Į	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHF	LA CE (State or fateigy country) 12. CITIZEN OF WHAT COUNTRY?
	Radio Officer SS Austral Plot	Md USA
	13. FATHER'S NAME	ER'S MAIDEN NAME
	Vames Gotauick, Me	ryare IXXXXXXXX Wasik
	15. Was Deceosed Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give war or dates af service)  Yes, and or unknown) (If yes, give war or dates af service)  Yes, and or unknown) (If yes, give war or dates af service)	ADDRESS
	1,4,10,61 ME	Felix Ready 5914 Carter Ave
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	ediac Arrest 10 min
	heart failure, asthenia, etc. It means the disease.  DUE TO, OR AS A CONSEQU	
	injury or complication which caused death.)  ANTECEDENT CAUSES	1/2
	DISEASES OR CONDITIONS, if any, giving Due TO, OR'AS A CONSEQ	relauma 1/2 9h
	ise to the abave cause (A) stoting the	
	(5/	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A-DATE OF OPERATION 179B, CONDITION FOR WHICH OPERATION WAS PERFORMED  20A-AU 21A-ACCIDENT WAS UNDERLYING [1]	
	O DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AU	TOPSY? (Yes at No.) 208, IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	TOPSY? (Yes at No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- 11	THE PLACE OF THIS OR LONG IN ST GOOD I Z	C. WHERE DID (If In Ballimore City, give exact lacation)
	OF CONTIBUTING CAUSE OF home, form, foctory, street, office bldg., the contibuting cause of home, form, foctory, street, office bldg., the contibuting cause of home, form, foctory, street, office bldg., the contibution of	
1	Carry   Carr	F. HOW DID INJURY OCCUR?
	Werk   At Wark	
I	22. 1 certify that (1) this hospital) attended the deceased from 7 /2 that (1) we) last saw the deceased alive on 7 /2 5	7 and that in(my) (our) apinian death accurred on the date
	and hour and from the causes stated above (1) (We) (did) (did not) view the ba	
	23A. SIGNATURE	23 B. DATE SIGNED
	DEGREE Phys. Attending Phys.	Med. Director Phys. D 7/25/7/
	23C. PHYSICIAN'S NAME (Type)  23D. ADDRE	5DUC 11 . 7 11 11
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMETERY OF CREMATORY	SPA) Husp Balt My
	REMOVAL (Specify)	24D. LOCATION (City, town, at caunty) (State)
1	The state of the s	em Gettysberg, Penna
		hard J Ruck Inc. Baltimore, Md
. 1	VS 150-REV. 1/1/68	TO LOTHOTE MI

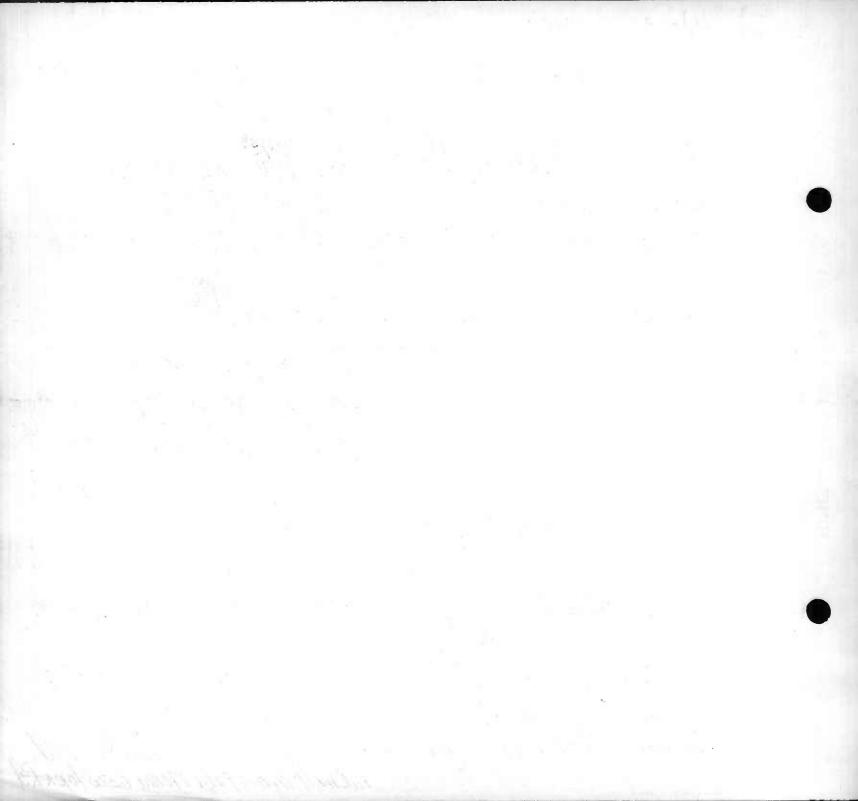


## 71 707.7 BALTIMORE CITY HEALTH DEPARTMENT

H-250 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 707.7
1. NAME OF DECEASED	2. DATE Known \( \text{Month Doy Year Hnyr} \)
(Type or Print) FRANK LIN BENJAMIN HAGAN Jr.	OF DEATH Estimoled   July 24, 1971   12:53 PM.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD July 24, 1971 12:53 PM
	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before odmission)  A. STATE  B. COUNTY
Johns Hopkins Hospital  6. SEX   7. RACE   18. MARDIED   1 NEVER MARDIED	Maryland Harford  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
MAKKIED CT MEASK MAKKIED C	
Male   White   WIDOWED   DIVORCED   9. DATE OF BIRTH   10.AGE (In years   # Under 1 Yr, il Under 24 Hrs	Havre de Grace YES NO
2/4/1909 lost birthdoy) 62 Months Doys Hours Min	128 Bay Blvd.
Flae 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME FRANKLIN BENJAMIN HAGAN
14A.USUAL OCCUPATION (Give kind of work) 48-KIND OF BUSINESS OR INDUSTI	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRICT done during most of working life, even if reflired)  EXPLOSIVES  U.S. GOVT.	MARY CROSBY
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS
NO NO 263 22 6406	MRS. FRANKLIN B. HAGAN 128 BAY BLVD.
19 CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE	
heart tollure, osthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
C CO. (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED  21. AUTOPSY? (Yes or No)
0	Yes
UNDERLYING TOR CONTRIB.   home, farm, factory, street, offi	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) injury OCCUR?
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F, HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  M. WHILE AT NO WORK AT	WORK
I certify that I held an Inquiry Inspection A	utopsy Ond that on this basis, death in my apinion
	de Homicide Undetermined monner
resulted from: Notural couses (A Accident ) Suici	CHIEF MEDICAL EXAMINER
ACTUAL ( )	ASSISTANT MEDICAL EXAMINER X
SIGNATURE MANUEL STUDY M.	D
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER \( \begin{array}{c} \ /-25-/1 \end{array}
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 7/27/1971 HARFORD MEMOR	
25A. DATE RESTORY HEALTH DEPT 258 NAME OF REDSTRAR	PENNINGTON & SON, HAVRE DE GRACE, Md.
VS 151-REV. 1/1/68	9 4 9 7 6



VS 150-REV. 1/1/68



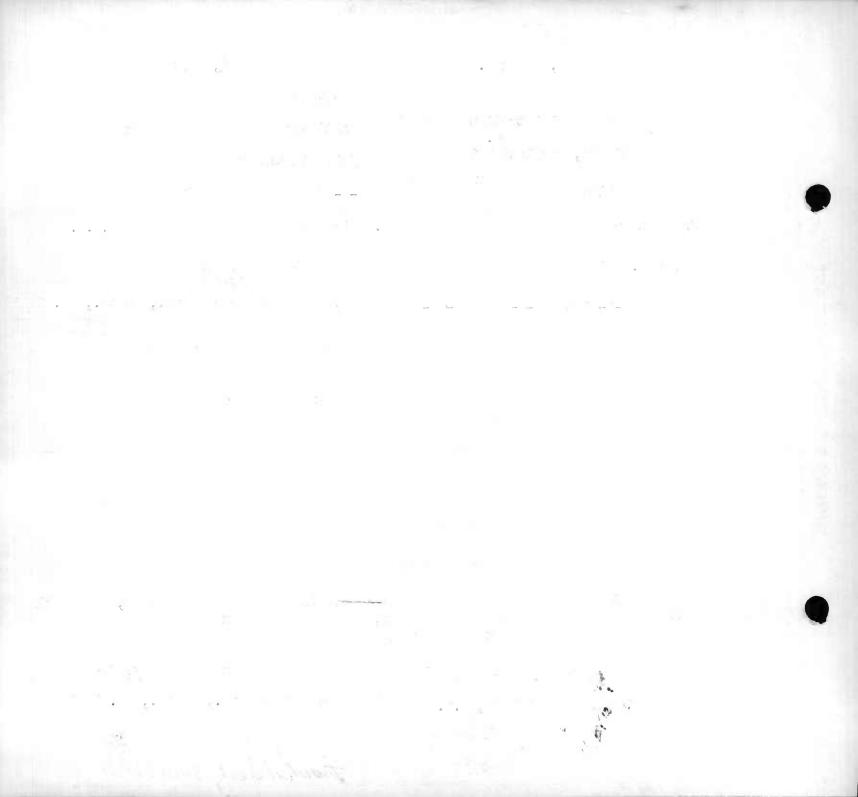
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NO

APPROXIMATE INTERVAL

(Stole)

If Under 24 His. Hours

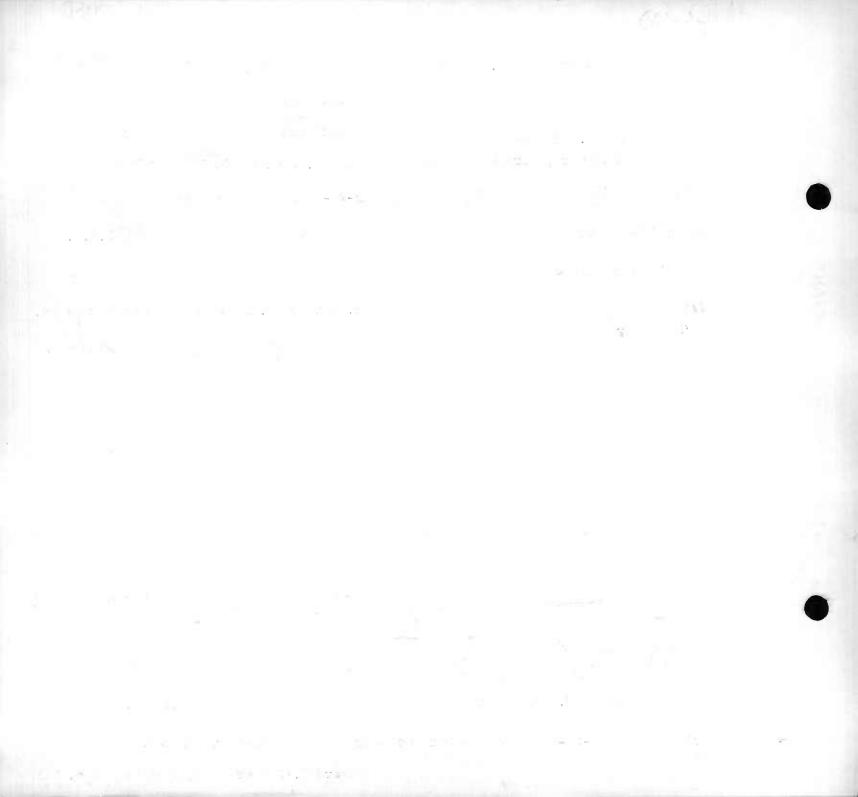


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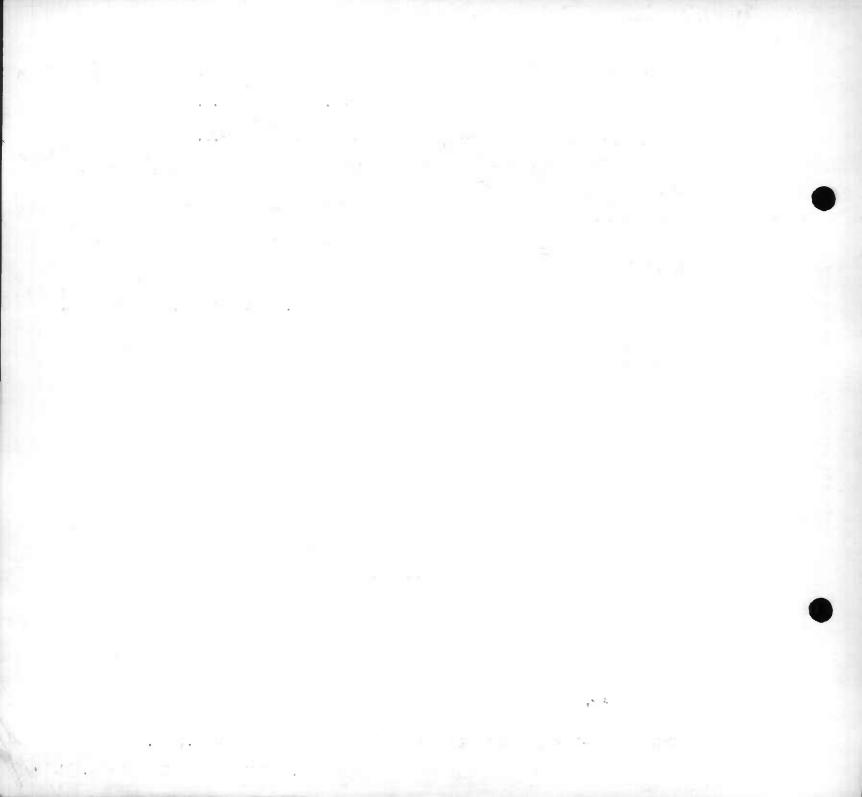
Such

Duna			BALTIMORE CIT	HEALTH DEPAR	RTMENT		71	7080
PI- 400	71 '71	าลก	CERTIFICA			REG. NO	7	
BIRTH NO.	ASFD	100						
(Type or Print)	BERNARI	) E:	POLE		Jul	y 23, 1971	1	1645
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If ins	titulion: les	sidence before odmission
FULL NAME OF	UE NOT IN HOSBIT	AL OBJECTIV	UTION. GIVE STREET	Mary 1a	and			2854
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	DIION, GIVE SIKEEL	C. CITY OR TOW	N	ID INICID	E CITY LIA	итер
	100 0 111 1			Baltime		D. 11431D	YES TX	NO [
00	109 S. Wick	cham Roa	d	E. STREET AND			TES LA	NO []
	Baltimore,	Marylan	d 21229		Wickha	m Road	21229	9
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTI		. AGE (In years		
Male	White	WIDOWED	37	3-24-189	ll e	ast birthday)	Months	1 Yr. If Under 24 Hrs Doys Hours Min.
10A, USUAL OCCU	PATION (Give kind of world		BUSINESS OR INDUSTRY			<u> </u>	lan Ciria	
done during most of W	orking life, even if refired)				Talgre of foreig	in country,	12. 01112	EN OF WHAT COUNTR
Retired E	0			1	Marylan	d		U.S.A.
13. FATHER'S NAM	E			14. MOTHER'S N	AAIDEN NAM	1E		
Nick1	aus Pole							
5. Was Deceased	was in II S Amand Fac	ces?	1 6. SOCIAL	17. INFORMANT				ADDRESS
(Tes, no at unknawn)	lif yes, give war ar dote	s of service)	SECURITY NO.					ADDRESS
Yes			The second second	Mr. Berna	ard H.	Pole, 1900 (	Cedar	Circle Dr.
L	OR CONDITION DIE		(A) IMMEDIATE CAL		A.C	UH.D	88	APPROXIMATE INTERVAL ETWEEN ONSE AND DEATH
heart failure, a	t mean the made af sthenia, etc. It means tication which caused	the disease,		A CONSEQUENCE	OF:			
A	NTECEDENT CAUSES		4.4					
DISEASES OF	CONDITIONS, II	any, giving	(B)DUE TO, OR AS	A CONSEQUENCE	OF:	**********		.00000
rise to the	above cause (A) CONDITION last,	slaling the	(C)	**************	***************************************	*****************		
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	II CANT CONDITIONS COI BUT NOT RELATED TO TO NOTION GIVEN IN PAR	E TERMINAL	EMPHYSE	na. con	P BI	PONCHITIS	;	000000000000000000000000000000000000000
19A-DATE OF	OPERATION 198 CON WAS PERF	ORMED	VHICH OPERATION	20A. AUTOPST	? (Yes or No)	20 B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS O	CONSIDERED EATH?
OR CONTRIBUT	WAS UNDERLYING LING CAUSE OF nedical examiner		PLACE OF INJURY (e.g., i e, form, factory, street, al	n or about 21 C. WH fice bldg., INJURY	ERE DID OCCUR?	(If In Baltimore	City, give	exact location)
OF INJURY	Month) (Doyl (Year)		INJURY OCCURRED		DIN DID W	RY OCCUR?		<del></del>
(APPROX.)		War	At Work					
22. I certify the	hat (I) (Hind barded	attended th	e deceosed from	2-7	19	7/ 10	7.2.	3 19 7/
that (1) (-) 1	ast saw the decease	d alive on	6.17	19.71	and that		an death	occurred on the dat
and hour and	from the causes stat	ed abave. (I	(did) (did) (did) v	lew the body oft	er death.			
23A. SIGNATUR			45-			2	38, DATE	SIGNED

Attending Phys. Med. Director 7-24-71 PHISICIANS 23D. ADDRESS John F. Schaefer 401 Random Road, Baltimore, Md. 21229 DEGREE 24C. NAME of CEMETERY of CREMATORY 24A- BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24D. LOCATION (City, town, or county) (Stote) Burial 7-26-1971 Loudon Park Cemetery Baltimore, Maryland 2SA. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR # 25C. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard 4107 Wilkens Ave. 21229 V\$ 150-REV. 1/1/68

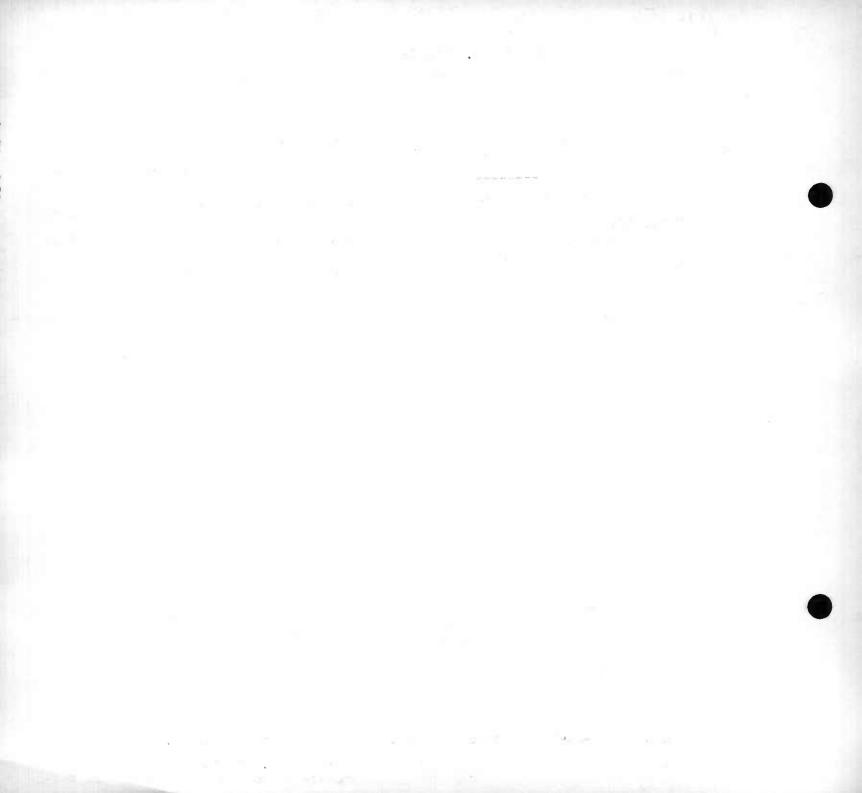


	MI	^			BALTIMORE	CITY H	EALTH DE	PARTMENT	X	Pro di	
BII	RTH NO.	171	איירי	181	CERTIFI	CAT	E OF	DEATH	REG. NO.	_/1_	7081
1,1	PE or Print	EA SED	1	0	0 5			2. DATE A	ND HOUR OF DEA	тн	- 10
3.	PLACE IN BALL	IMORE MAI	WI AND W	US BO	ONOMICED DEAD	rai	(ISHAL B	ESIDENCE IN	ly 23,	1971	9 PM
				V			STATE MD.	B COU	NTZ	if institution;	residence before admission)
H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT ADDRES	IN HOSPITA	AL OR IN	ISTITUTION, GIVE STREET		CITY OR 1		A.A.	INSIDE CITY I	типсэ
	Ren	180	Ca-		theno.		Bal	tema	NTHICUM D. I	YES T	NOF
Π,	2000	- 21	1 1			Ē.	STREET A	NO NUMBER	0	000	Eune arunta
5.	SEX .	2 3 200	1 /2	yel	le UT-	- 1/	19 M	erths	ougerous	Rd	lo.
	F	11		WIDOV			DATE OF	4-33	9. AGE (In years last birthdoy)	Months	or 1 Yr. If Under 24 Hrs. Doys Hours Min.
qor	LUSUAL OCCU to during most of w	PATION (Give rorking life, eve	kind of work in if retired)	108. KIN	OF BUSINESS OR IND	JSTRY 11.	BIRTHPLA	CE (State or fo	reign country)	12, CIT	ZEN OF WHAT COUNTRY?
_	HOMEM							Pa.			U.S.
13.	FATHER'S NAM		E	vin		14.	MOTHER	'S MAIDEN NA	AME		
16		un 1		rur			Ca	rrie	wer	ner	/
(Ye	Was Deceosed s, no of unknown)	(If yes, give	wor at dole	of servi	ce) 1 6. SOCIAL SECURITY NO.		INFORMA			_	ADDRESS 21090
_	NO	737			210-26-8		Kearn	ey M. Mu	irray 119 N	l. Long	
	DISEAS	OR COND		ECTLY	CAUSE OF I	JEATH	1 (		11		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does no	LEADING TO	made at	dving.	(A) IMMEDIAT		H den	0	one of the	breast	with rebon in
	heart failure, a	slhenio, elc	il means	the dise	DOLIO, C	itasta	etic a	ll ove	. and to	the.	lives
		NTECEDENT			4-1						
	DISEASES OF	R CONDITION	ONS, if o	iny, giv	ving (B) DUE TO, C	OR AS A C	ONSEQUE	NCE OF:			
	rise la lhe UNDERLYING			slating	(C)						
		- 11									
OT	OTHER SIGNIFIC TO THE DEATH	BUT NOT RE	ATED TO TH	F TERMIN							
CA	19A. DATE OF		198 CONE	TON F	OR WHICH OPERATION		20A. AUT	OPSY? (Yes or h	o) 208 IF YES WE	RE FINDINGS	CONSIDERED
CERTIFICATION	0		WAS PERF						IN CERTIFYING	CAUSES OF	DEATH?
	21A A CCIDENT OR CONTRIBUT DEATH (notify to	ING CAU	ERLYING [] SE O F Iner)		21B. PLACE OF INJURY ( home, farm, factory, stre etc.)	e.g., in or et, office	bldg., INJ	WHERE DID URY OCCUR?	(If In Bolti	more City, giv	re exoct location)
MEDICAL	21 D. TIME OF INJURY	(Month) (Do	y) (Yeor)	(Houd)	21E INJURY OCCURRED	)	21 F.	HOW DID IN	JURY OCCUR?		
2	(APPROX.)				While At Nol Nol At	While E	]				
					d the deceased from.				.19to		19
	thot (1) (we)	lost sow the	deceased	dolive	on	**********	19	and t	hot in (my) (our)	opinion dea	th occurred an the date
			uses state	ed abave	o. (I) (We) (dld) (dld n	at) vlew	the body	after death			
	23A. SIGNATUR	1/15	Fame			Attendin	a 🗀	Med.	Shelf I	23B, DA	TE SIGNED
	23C. PHYSICIAN	V /	1 give	-	DEGREE	Phys.		Director	Shaff Phys.		
	23 C. PHYSICIAN NAME (Ty	pe)				230	ADDRESS				
244	BURIAL CREW	ATION, 248	DATE	240	NAME of CEMETERY O	GREE CREMA	TORY	124D-	LOCATION	(City, town, o	or county) (Stote)
	BURIAL	ecify)	-27-71		LAKEVIEW CEM				ARROLL CO.		. County (Stole)
25/	DATE REC'D	BY HEALTH	OEPT.	258. NAA	AE OF REGISTRAR			ERAL DIRECTO	R		ADDRESS
5	JUL 28		4500	- Va	Bay ALD 0	10	HOWA I	H HU	BBARD 4107	WILKEN	S AVE. 21229
VS	150-REV. 1/1/6	8									



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

M 157	BALTIMORE CITY	HEALTH DEPARTMENT	74 2009
BIRTH NO. 71 7082	CERTIFICA	TE OF DEATH REG. No	71 7082
1. NAME OF DECEASED MILDRED E	. MEEKINS	2. DATE AND HOUR OF DEAT	¥ .
Mark King Mill	· IIDDKIND		1 == 1 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	Md.	ISIDE CITY LIMITS?
0	spital	Baltimore My.	YES VO NO
34	21,421	E. STREET AND NUMBER	A
5. SEX 6. RACE A MARRIED TO	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Ye . If Under 24 Hrs.
Lensle White WIDOWED XX	DIVORCED	lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BL	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.S.A.
George Showke		Emma School	حا
15. Was Deceased Ever in U. S. Armed Farces? (Yes,no or unknown) (If yes, give wor at dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Bellen or good and the second	0	K/ +60 00 00 00	I) R S
1B. 197. X	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		,	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Me tastatic involvement	of
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:	0
injury or camplication which caused death.)		LIVER	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, if ony, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:	***************************************
rise to the above cause (A) stating the			
UNDERLYING CONDITION lost.	(c)	***************************************	
z II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************		
19A-DATE OF OPERATION 19B CONDITION FOR WHI WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING TO CALLER	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID (If in Boltime	ore City, give exact location)
DEATH (notify medical exomined etc.)	larm, foctory, street, aff	ice pidg. INJURY OCCUR?	and any give and income,
21D-TIME (Manth) (Doy) (Yeor) (Haud) 21E, IN.	JURY OCCURRED	21F. HOW DID INJURY OCCUR?	
E OF INJURY (APPROX) While A		ZIII HOW DID INJURY OCCUR!	
Wark			
22. I certify that (1) (this hospital) attended the d	deceased from	uly 10 1921 to he	ly 24 5 am 19 21
that (1) (we) lost sow the deceased alive on	aly 24 5	THE 19 7/ and that In (my) (our) op	Inlen death accurred on the date
and have and from the couses stated above. (1) (W	(e) (did) (did not) ut	aw the hady ofter death	The second of the dote
23A. SIGNATURE		no not offer dedilla	23B. DATE SIGNED
Affine and MO	Atten	ding Med. Staff	Total State
	DEGREE Phys.	Director L Phys. L	July /24/71
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	
TAE. S. AHN	M. D. DEGREE	BON SECOURS	HASA
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	al CEMETERY of CRE	MATORY 24D. LOCATION (C	ity, town, or county) (Stole)
	Hill Cem.	Baltimore, Md	
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF B	EGISTRAR		ADDRESS
JUL 28 1977 (464 & E. Jaile	en ACDT IT	25C. FUNERAL DIRECTOR HUBBARD	
VS 150-REV. 1/1/68	6 1	1 Haubbara 4107	Williams Ave.



BI	RTH NO.	71	70	)83		TE OF DEA		REG. NO.	1. 7	083
	NAME OF DEC		CIL	A DO	ROTPEA BAER	2,		D HOUR OF DEATH	1	12 NOON
F	PLACE IN BAL	TIMORE, MARYLAN	OSPITA	L OR INSTIT	UNCED DEAD	4. USUAL RESIDENTAL STATE MARYLAN	NCE (When	e deceased lived. If i	nstitution: r	esidence before admission
i k	ISTITUTION	ST AGNE	LOCA	IIONI		C. CITY OR TOWN BALT   MO	RE	D. INS	YES T	илтs?
	TO					1019 EL		GE AVENUE	2122	9
	SEX FEMALE	WHITE		WIDOWED		8. DATE OF BIRTH 01/05/13	Ş	ast birthday)	If Unde Months	
llaa	A. USUAL OCCU no during most of v HOUSEW [	Antenna ine' east it ter	f work ]	OB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (SIG	ote or foreig	an country!	12. CITI	ZEN OF WHAT COUNTRY?
	FATHER'S NAM	ΛE				14. MOTHER'S MAI	_	A.E.		USA
	MI CHAE					MARY JO	FLYN	IN		
15.  Ye	wos Deceosed s, no or unknown!	Ever in U. S. Arme (If yos, give wer or	d Force dotes	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
_	18.	21/1			215050336		S H05	SPITAL BAL	TO M	
	(This does no	E OR CONDITION LEADING TO DEA of mean the mode asthenia, etc. it m	ATH of d	lying, e.g.,	(A) IMMEDIATE CAU	Squar	200	Eledid lauce	Solzo.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH See , Dayo
	DISEASES O	Plication which ca NTECEDENT CAL R CONDITIONS, above cause	JSES if an	ıv. giving	(B) DUE TO, OR AS	A CONSEQUENCE, O	P P	aganda	20 cy	une.
	UNDERLYING	CONDITION last	•	noming me	(c) 20000	usken.	0/0	hopino	> de	ion the
SATION	DISEASE OR CO	CANT CONDITIONS BUT NOT RELATED NOTION GIVEN IN	TO THE	TERMINAL	Sand	Daypi	ente	vican		dule.
CERTIFIC	2		PERFO	TION FOR W	HICH OPERATION	YE S	(es or No)	208, IF YES, WERE IN CERTIFYING CAL	INDINGS USES OF D	CONSIDERED DEATH?
CAL	DEALH (notity	T WAS UNDERLYING CAUSE OF medical examined	IG 🗌	21 B, I home elc.)	PLACE OF INJURY (e.g., in , form, foctory, street, offi	or obout 21 C. WHER	É DID CUR?	(If In Boltimore	e City, give	exoct locotion)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Monthl (Doy) (Y	ear) (		INJURY OCCURRED  R AI Work  At Work		DID INJU	RY OCCUR?		
	22. I certify t	hat X1) (this hosp	ital) d	attended the	deceased from	7/01/71	19	to07	125/	7119
		ast saw the dece			07/25/71	19	_and that		lon death	n occurred an the date
-	and hour and	from the causes	stated	abave. ()	(Me) (qiq) XqXqX(yt) vi	ew the bady after	death.			
	Cool	Lucio	40	Sugar	Atten Phys.	ding Med.	sr Si	haff hys.	238, DATE	25/7/
	NAME (Typ	BOLLH!	04	ME		D. ADDRESS	s Ho	p. Bas	क्री	MZ 21229
24A	REMOVAL (Sp	ATION, 248, DATE		24C. NA	ME of CEMETERY OF CREA	MATORY	24D. LO	CATION (City	y, town, or	countyl (Slote)
	BURIAL	7-28-	71		W CATHEDRAL CI			LTIMORE, MI		
25 A	LUI 91	R 1077	1	B. NAME OF	REGISTRAR O O	25C. FUNERAL DI	RECTOR	HOWARD H. H	UBBAR	D ADDRESS
VS	150-KEVA 7/1/6	TOP TOP				THE WOLL	1	week Almu	110	access cla

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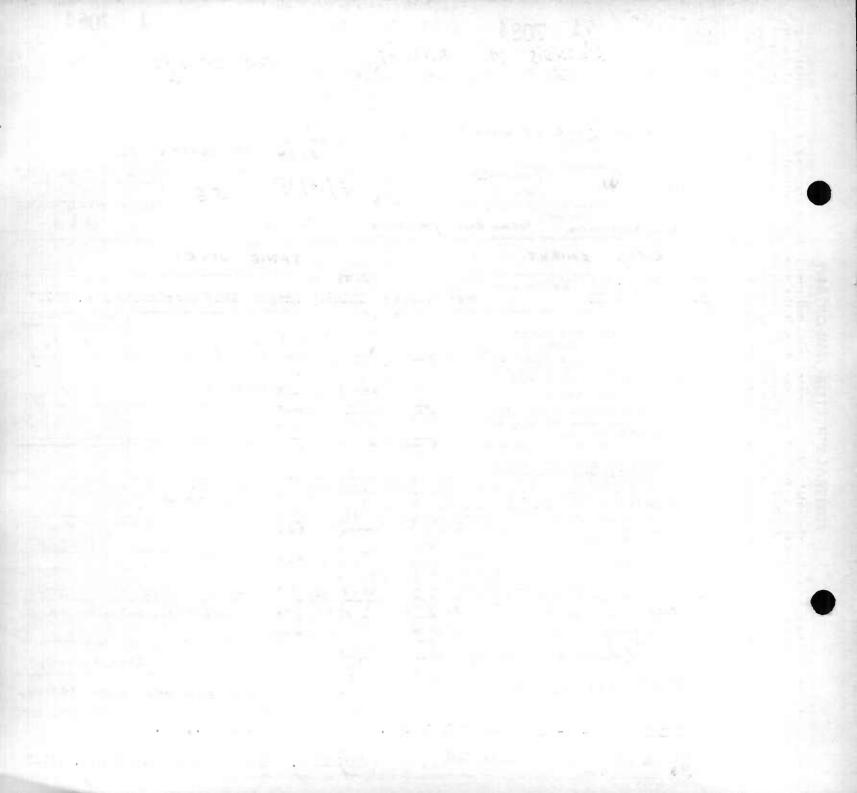
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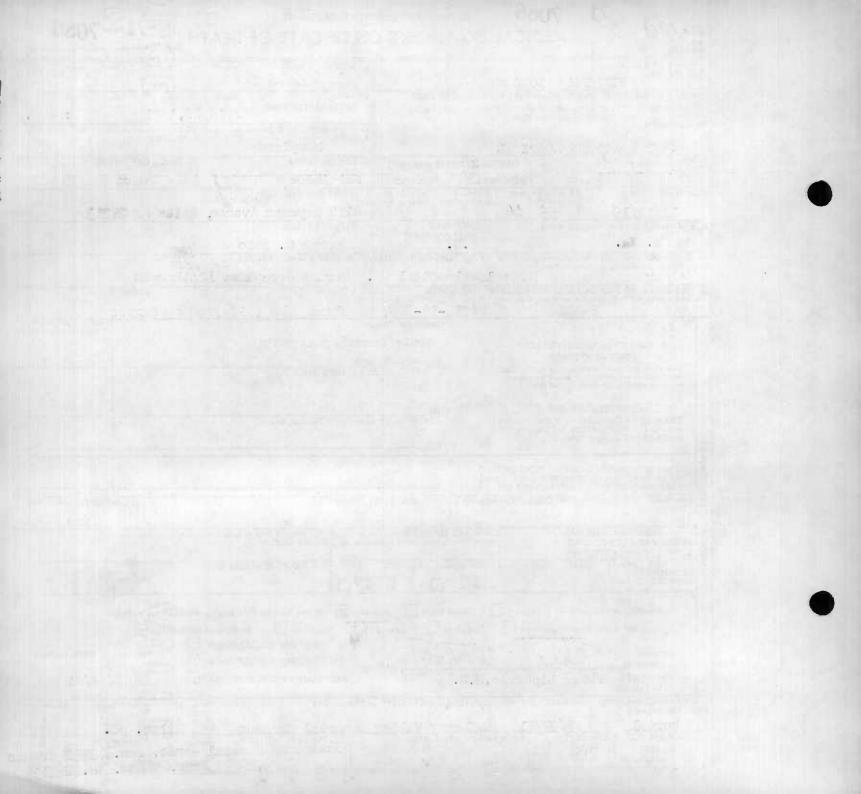
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased examiner. the body was released to the hospital by a medical

V 507	,		BALTIMORE CITY	HEALTH DEPARTMEN	41	mul	wood.
BIRTH NO.	71	7084	CERTIFICA	TE OF DEAT	H REG. N	10/1	7084
NAME OF DECEAS	ED Ist and	2 2	Valla	2. DA	TE AND HOUR OF D	PEATH	
Type or Print)	Kroni	ois M	KNIGHT		JULY . 25.	1971	1 1.35 A. M
PLACE IN BALTIM	ORE MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased live		residence before admission)
ULL NAME OF	IIF NOT IN HOSPIT	TAL OR INSTIT	UTION, GIVE STREET	MARYLAND	COUNTY BAL	-70	5 300
NOTFUTTEN				C. CITY OR TOWN		. INSIDE CITY	
SOUTH 1	BALTIMORE	GENERI	9L HOSPITAL	BALTIN		YES 🔁	NO 🗌
+3				E. STREET AND NUMI	011 - 0 1 7 1	STON A	VE.
	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	rs III Und	er 1 Yr. Il Under 24 Hrs.
MALE	W.	WIDOWED	= =	3/16/13	det billhdoy)	Monins	Days Hours Min.
A USUAL OCCUPA	TION (Give kind of wor		BUSINESS OR INDUSTRE	11. BIRTHPLACE IState	or foreign country	112, CI1	IZEN OF WHAT COUNTRY
ne during most of work	ing life, even if refired)						U.S.A.
	ouseman	TOXES	Grocery Warehous				VI- 3. M.
FATHER'S NAME				14 MOTHER'S MAIDE		15. 0	
RUFU	is knight	HT.		JA	MIE JINI	2.	
Wee Decoused Eve	w in U. S. Armed Fo	rces?	16 SOCIAL	17. INFORMANT			ADDRESS
s, no of unknown) (If	yes, give war or date	es of servicel	SECURITY NO.		inh 202/ 4	Thom? or t	
YES	WW II		408-18-6257	Shirtey Kan	ight 2924 (	Sharlest	on Ave. 21227
18.	. 91		CAUSE OF DEAT	H O			APPROXIMATE INTERVAL
DISEASE	OR CONDITION DI	RECTLY		(',			BETWEEN ONSET AND DEATH
	ADING TO DEATH		(A) IMMEDIATE CAL	Jept	iuma		5 days
(This does not	mean the mode of	f dying, a.g.,	DUETO OP AS	A CONSEQUENCE OF:			
	honia, etc. If means alion which caused						· ·
			3)	n Indihale	obsolucti.	m	10 days
	TECEDENT CAUSES						10 or off.
DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			U
UNDERLYING C	bove cause (A)	ent gnitpla	(c)				
			10/		***************************************		
OTHER SIGNIES	II NT CONDITIONS CO	ALITH I DIGTLA					
TO THE DEATH B	UT NOT RELATED TO T	THE TERMINAL					
DISEASE OR CON	ERATION 198 CON	RT T (A).	WHICH OBERTAION	120A. Allenaeve N	as Nall 200 is ve	WERE ENIONS	CONSIDERED
	WAS PER	PRORMED.		IVA	or No. 208, IF YES, IN CERTIFYIN	G CAUSES OF	DEATH?
JULY, 19			mel Obstruction	110			
OR CONTRIBUTION DEATH Inotify me	WAS UNDERLYING DO CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g., i e., form, factory, street, of	n at about 21 C. WHERE E fice bidg., INJURY OCCI	JE? (If In B	Baltimore City, gi	ve exect location)
21D. TIME IM	lonth) (Doy) (Year)	Hour 21E	INJURY OCCURRED	215 HOW 511	D INJURT OCCUR?		
OL WARKI	omen tooks fredn				P INJURI OCCUR?		
IAPPROX)		Wo	ile At At Work		Proc.		
22. I certify the	et (I) (this hospita	Dattended e	he deceased from	JULY , 127	19.7/tg	JULY.	25 19 71
and the second s			JULY, 25	30 74			
rnat (I) (we) las	st saw the decease	ed allve on_	30-7, 25	19/o	nd that In (my) (au	(f) apinian dec	oth accurred an the date
	om the causes sta	sted above. (I	(did not) v	lew the body after de	eath.		
23A. SIGNATURE	/1 /	0 /				23 B, DA	TE SIGNED
	Chumnet	vonhou		nding Med.	Stoff Phys.	31	1LY, 25, 1971.
23C. PHYSICIANS			DEGREE Phy	Director I	- Phys		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
23 C. PHYSICIAN'S NAME (Type)	CHUMSAK	PRUKI			TIMES F CO. T.	N. Haca	ROLTA MASIAS
		,	HPONG M.D.	SOUTH BAL	LILLIONE GENER	ar your.	BALTO, MO 21230
A. BURIAL CREMA	TION, 248, DATE	24C. N	AME of CEMETERY OF CRI	MATORY 2	4D. LOCATION	(City, town,	or county) (State)
REMOVAL (Spec	order 1		DOLLD TO GE				
		1 MEA	ADOWRIDGE CEM.		HOWARD CO.	" LID"	
	7-28-7	-	DOWRIDGE CEM.		HOWARD CO.	, III.	
5A. DATE REC'D BY	7-28-7	-	ADOWRIDGE CEM.	25C. FUNERAL DIRE	ECTOR		NS AVE. 21229
BURLAL		1	DOLLD TRACE OF		TIOUND CO	MD	

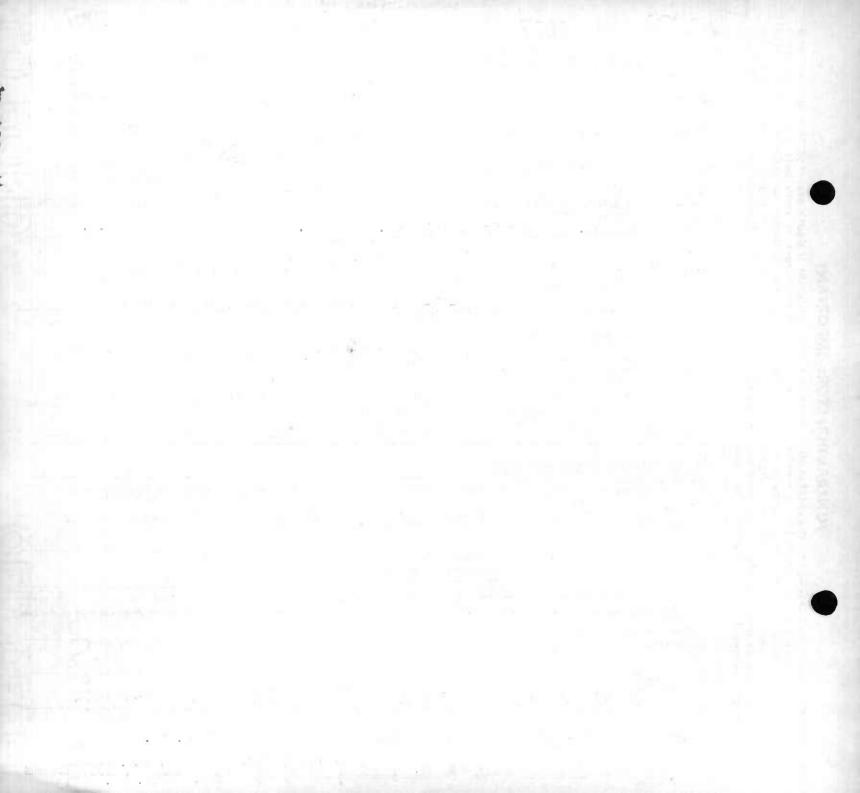


K-524 BIRTH NO.	71 70	185	CERTIFICA	HEALTH DEPART		o. <u>71</u>	7085	
1. NAME OF DEC	_	סדכע עוו	NKEL SR.	2	DATE AND HOUR OF D			
3. PLACE IN BAI	JOHN FREDE			4. USUAL RESIDE	JULY 24, 1	971	m sasidanca halaya a	. N
FULL NAME OF HOSPITAL OR INSTITUTION		AL OR INSTITU	JTION, GIVE STREET	Md. C. CITY OR TOWN Woodla	Balto	. INSIDE CIT	Y LIMITS?	2 -
90	4613 Park	Heights	Ave.	E. STREET AND N	11.11	YES (	ио [Х]	
MALE	6. RACE WHITE	WIDOWED		8. DATE OF BIRTH 9-30-74	lost birthdoyl	Mont	nder 1 Yı. If Unde	er 24 His Min.
Builder (	Contractor	self	BUSINESS OR INDUSTRY emp. Retired		tote or foreign country)	12. 0	USA	COUNTR
13. FATHER'S NA				14. MOTHER'S MA	AIDEN NAME			
	W. Kunkel			Wilhelmi	na Schneider			
15. Was Decoased (Yos, no or unknown	Ever In U. S. Anned For Ollf yos, give wor or dote	ces? s of sorvicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
NO			213506100	John F. K	Kunkel, Jr. 27	06 Sara	h Lan. 212	34
(This does not heart failure, injury or com	E OR CONDITION DII LEADING TO DEATH at mean the made of osthenia, etc. It means uplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) E CONDITION last.	dying, e.g., the disease, death.)		SE CONSEQUENCE OF			Geo	<b>7</b>
TO THE DEAT DISEASE OR CO	ICANT CONDITIONS COL H BUT NOT RELATED TO TH ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERF	TE TERMINAL  T 1 (A).  DITION FOR WORMED	HICH OPERATION	20A. AUTOPSY?	(Yes of No.) 20B, IF YES, W	VERE FINDING CAUSES O	GS CONSIDERED F DEATH?	<u>'</u>
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined	21 B. I home etc.)	PLACE OF INJURY (e.g., in , form, factory, street, off	or about 21 C. WHE	RE DID (If In Bo	Itimoro City, (	give exact lacation)	
21D. TIME OF INJURY (APPROX.)	(Monthi (Doy) (Yeor)	While Work			DID INJURY OCCUR?	Л		, ,
that (1) (we)	that (1) (this hospital)	d alive on	1/21	19 7	19to and that in (my) (our	) opinion de	19.	the date
23A. SIGNATU	RE O	ed obave. (i)	DEGREE Phys.	ding Med.	Shoff [7]	23.B. D.	ATE SIGNED	1/
NAME (T)	George	Vash	111 2.11 1		ilmore C+		/	)
24A. BURIAL CREA	MATION, 248, DATE		ME of CEMETERY OF CREE		ilmore St.	(City, town,	or county)	(Stotel
BURIAI	7 00 7		NGELICAL LUTH		Shrewsbury			0161
25 JUL 28		268 NAME OF	REGISTRAR	25C. FUNERAL	DIRECTOR		ADDRESS ens Ave, 21	229

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	BALTIMORE CITY	HEALTH DEPARTMENT	1.	MACHE
BIRTH NO. 71 7087	CERTIFICA	TE OF DEATH	REG. NO	/1 7087
1. NAME OF DECEASED (Typo or Print) Robert S L	qu	7/	34/7	17125 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	A STATE & COU	ere deceased lived, If i NTY	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI- HOSPITAL OR ADDRESS OR LOCATION)	ITUTION, GIVE STREET	C. CITY OR TOWN	Ba Ba	/Eimera
Johns Hopkins Hosi	pilal	Ball: nov	. e	YES X NO
301143		E. STREET AND NUMBER	RT. #	
~ >		Box 25	Apr 10	
5. SEX 6. RACE 7. MARRIER	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Min.
M WIDOWE	DIVORCED	10-18-10	60	
IOA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)  Laboratory Tech. Humb	le Refining Co.	Balto.		U.S.
13. FATHER'S NAME	te iterriment oo.	14 MOTHER'S MAIDEN NA	ME	
John C LAW		0 -1	ve Pati	her
15. Was Decoused Ever in U. S. Armed Ferces? (Yas, no or unknown) (If yes, give war or dates of service)	1 & SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	214-01-4062	Elsie Law (	wife) same a	address
16,/// 6 . 4	CAUSE OF DEATH		wille) Bame e	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	CANALAGDIATE CAL	se Cardia ancie	Shoch	1 class
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc., it means the diseas	DUE TO, OR AS	SE Cardio Gens C A CONSEQUENCE OF:		
injury or complication which caused death.)	•			
ANTECEDENT CAUSES	Mya.	ravdial in	Santian	1 da
DISEASES OR CONDITIONS, If any, givin	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) staling th		ary artery		
UNDERLYING CONDITION lost	(c) CO+O+	ary defiery	413093	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A. DATE OF OPERATION 19B. CONDITION FOR WAS FERROMED  19A. ACCIDENT WAS UNDERLYING 1				
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSYT (Yes of h	le 208 IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
WAS FERFORMED		Ves	IN CERTIFYING C	AUSES OF DEATH?
	IR FLACE OF INJURY (e.g.,	or about 21C, WHERE DID		ore City, give exact location)
_, OR CONTRIBUTING CAUSE OF	ome, form, factory, street, al	fice bidge INJURY OCCUR?		
	IE INJURY OCCURRED	21F. HOW DID IN	Illex Occiles	
S OF INJURY	Vhile At D Not While York At Work		JOR! OCCOR!	
	Vark At Work			
22. I certify that (1) (this hospital) attended	the deceased from	7/20/71	19 7/ to 7	7/24 19 76
that (D(we) lost saw the deceased alive on	7/24	197/ond t	hat in (my) (our) of	Inlan death accurred on the date
and hour and from the couses stated above.	(I) (We) (did) (did not) v	lew the body after death		
23A/SIGNATURE				23 B. DATE SIGNED
Who mill that	1 06	nding Med.	Staff Phys.	7/24/7/
23C. PHYSICIAN'S NAME, (Type)	DEGREE	23D. ADDRESS	, /	
NAME (Type) M MAZ	" M.O.	Tolerox	last wa	Vanital
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME OF CEMETERY OF CRI	EMATORY 24D.	LOPATION (	City, town, of county) (State)
	ardens of Faith	n Cemetery	Balto.	Md.
	OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
111 28 1971 Q.C. E Jak	CONA OO	Schimunek F	uneral Home	Simpand 1000
VS 150-REV. 1/1/68	part 1	1 2 2	marie, D	alto. Md. 21213



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

11	71 7	000	BALTIMORE CITY	HEALTH DEPARTMENT			
H-651		080	CERTIFICA	TE OF DEATH	REG. NO.	74 7028	
BIRTH NO.	ASED		GERTIN TO		AND HOUR OF DEAT	7,000	
(Type or Print)		-					
3. PLACE IN BALTI	MORE MARTLAND,	Frank	INCED DEAD	4. USUAL RESIDENCE (W	7/26/71	10:	20p. M
FULL NAME OF			TION, GIVE STREET	A. STATE B. COL	INTY	263	2
HOSPITAL OR	ADDRESS OR LOC	CATION	HON, ONE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
	ZZ			Baltimore		YESTX NO	
Mla o Ta	lana a TT and a d			E. STREET AND NUMBER			
The Jo	hns Hopki	ns Hosp	oltal	3111 Ches	sterfield	Avenue	
SEX 6	RACE	7. MARRIED X	XNEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr If U	Index 24 His.
Male	White	WIDOWED		3/18/92	9. AGE (In years lost birthdoy) 79	Months Doys Hour	s Min.
OA USUAL OCCUP	ATION (Give kind of we	A TOB KIND OF		11. BIRTHPLACE (State or fo		12. CITIZEN OF WHA	T COUNTRY
lone during most of wo	rking life, even if retired)						
Insura	nce Agent	Sun Lii	e Ins. Co.	Balto. Md.			
				14. MOTHER'S MAIDEN NAME			
	el Harnek			Rose Bobe	ek		
5. Was Deceased E Yes, no or unknown) ((	ver in U. S. Armed Fo If yes, give war or da	nees?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	. ,		215-10-9789	Corold - II-	ا عکامید		
118, 110 /	G .		CAUSE OF DEATH		rnek (wife)		E INTERVAL
426	OR CONDITION D	dar crt v		0 1 4		BETWEEN ONSE	
LI	EADING TO DEATH	I		Ki atera	0010	- 2 wes	ale -
(This does not	mean the mode o	f dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	a Civir	awe	as
heart failure, as	thenia, etc. It mean ication which cause	s the disease.	DUE 10, OR AS A	CONSEGUENCE OF:			
					0		
	RECEDENT CAUSE		(B)	atunosc	lewsis		
DISEASES OR	conditions, if above cause (A)	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:			
UNDERLYING	CONDITION last	aiding me	(c)				
	11						
	ANT CONDITIONS CO	ONTRIBUTING					
E TO THE DEATH	BUT NOT RELATED TO	THE TERMINAL	************				
19A. DATE OF O	PERATION 198 COL	NOTION FOR W	HICH OPERATION	20A. AUTOPSY? [Yes of 1	10) 208. IF YES, WERE	FINDINGS CONSIDERED	)
MA. DATE OF C	WAS PE	RFORMED		110	IN CERTIFYING C	AUSES OF DEATH?	
2TA. ACCIDENT	WAS UNDERLYING	218.1	PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If in Baltime	ore City, give exact location	n)
DEATH (notify m	redicol examined	home	, sarm, toctory, street, off	ice bldg., INJURY OCCUR?			
2	Month) (Day) (Year)		INJURY OCCURRED	216 110111 715 7	Illian Coc.		
OF INJURY	recent tooks frequ		At The Not While	21f. HOW DID IN	JURY OCCUR?		
(APPROXI		Work				1 1	
22. I certify th	at (1) (this haspita	I) attended the	deceased from	7/6/7/	to	7/26/71	atí
	st saw the deceas		7/2/01			inion deoth occurred	
			wa Co		•	minon deoth occurred	on the dote
23A. SIGNATUR		ted above. (1)	(did not) vi	ew the body after death	•		
37. 31014 1 0 1	aling a let	al. de	1.11 4. A	ding Med.	SL# [7]	23B. DATE SIGNED	
N	unc lu	MININ	MU, MU PHYS.	ding Med. Director	Staff Phys.	1126 1	71
23C. PHYSICIAN NAME Type	e)			3D. ADDRESS	. 61	7 00	
7 "	John C.	Ruckde	schel, M.D.	1207 Rol	ton St.	Salto	
4A. BURIAL CREM	ATION, 248. DATE	24C. NA	ME of CEMETERY OF CREA	MATORY 24D.	LOCATION (C	City, town, or county)	(State)
REMOVAL (Spe	ecify)					A STATE OF THE PERSON	
burial	7/30/	71   St.	Stanislaus (	emetery	Balto	Md	
SA. DATE REC'D B	O APPEAL ()	258. NAME OF	to a the n	25C. FUNERAL DIRECTO	R	ADDRESS	
JUL 2	0 3/ 162	B E / Val	Der M. D.	1 Continuer	runeral Home	es, Inc. 3331	Brehms
/S 150-REV. 1/1/68						Balto M	

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Hart Muddieled, with 1207 Boston St. Boston St. Boston

0 175	BALTIMORE CIT	TY HEALTH DEPARTMENT	174 2000	
BIRTH NO. HA HODO	CERTIFICA	ATE OF DEATH REG. NO.	71 7089	
Type or Pant)	1101	2. DATE AND HOUR OF DEA	TH (6:50 P.	
3. PLACE IN BALTIMORE MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, I		
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	A. STATE B. COUNTY MARYLAND	1802	
INSTITUTION >		C. CITY OR TOWN	NSIDE CITY LIMITS?	
THE JOHNS HOPKINS	HOSPITAL	BALTIMORE YES NO		
		308 N. CARROLLTON S	Т.	
C 1 01 1	ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.	
IGA, USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTS	
done during most of working life, even if retired)	Home	red.	U.S. A.	
JAMES ROBINSON		SOPHIE MADDEN		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS	
Yes, no or unknown) (If yes, give wor or dotes of	SECURITY NO.	0 1 0 1	10 annapoli	
Tus	Controver		23 Show St.	
18. 410.91	CAUSE OF DEA	IN F	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
DISEASE OF CONDITION DIRECTI		112-1110	6 DAYS.	
(This does not mean the mode of dyin	g. e.g., (A) IMMEDIATE CA	LUSE UREMIA	6 04/2.	
heart failure, asthenia, etc. It means the injury or complication which caused deat	disease,	S A CONSEQUENCE OF:		
ANTECEDENT CAUSES	mha	Bria. In Capation	16 DAYS.	
	(B) 1170C7	HRDIAL INFARCTION	16 04/3.	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stati		S A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING FSMMOAL -	POPLITEAL BYPASS OPERA	ITIMO 18 DAYS.	
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A)	).		***************	
	N FOR WHICH OPERATION FOR ISCHIEF	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED	
	CLEROSIS - REST PAI			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218. PLACE OF INJURY (e.g., home, form, foclory, street, etc.)	in or obout 21 C. WHERE DID  office bldg., INJURY OCCUR?  # In Boltin	nore City, give exact location)	
21D.TIME (Month) (Doy) (Year) (Ho	uil 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
OF INJURY (APPROX.)	While At Work At Work	ite [ ]		
22. I certify that (this hospital) atta		3 JUNE 1971 1025	JULY 19 71	
that (we) lost sow the deceased all			pinion death occurred on the do	
and hour and from the couses stated of	bove. (We) (dld) (althouse)	view the body ofter death.		
23A. SIGNATURE	1 1 0.0	`	23 B. DATE SIGNED	
Dr. Marshall M. Cl	- 1	ending Med. Staff	25 JULY 1971	
23C. PHYSICIAN'S NAME (Type) . MARSHALL	Deduct	23D. ADDRESS	HOSPITAL	
	DEGREE			
REMOVAL (Specify)	24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION	(City, town, or county) (State)	
Buria 129 71	Balta Na	Gonal Balta	rid.	
SA. DATE REC'D BY HEALTH DEPT. 256.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS //	
JUL 28 1971 (16.48	Jaben Al I	In al. Chaman m.	10171 12 Cullot	
\$ 150-REV. 1/1/68		73	2 /7 m	

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Previous 1959 71 Balta National Balta red

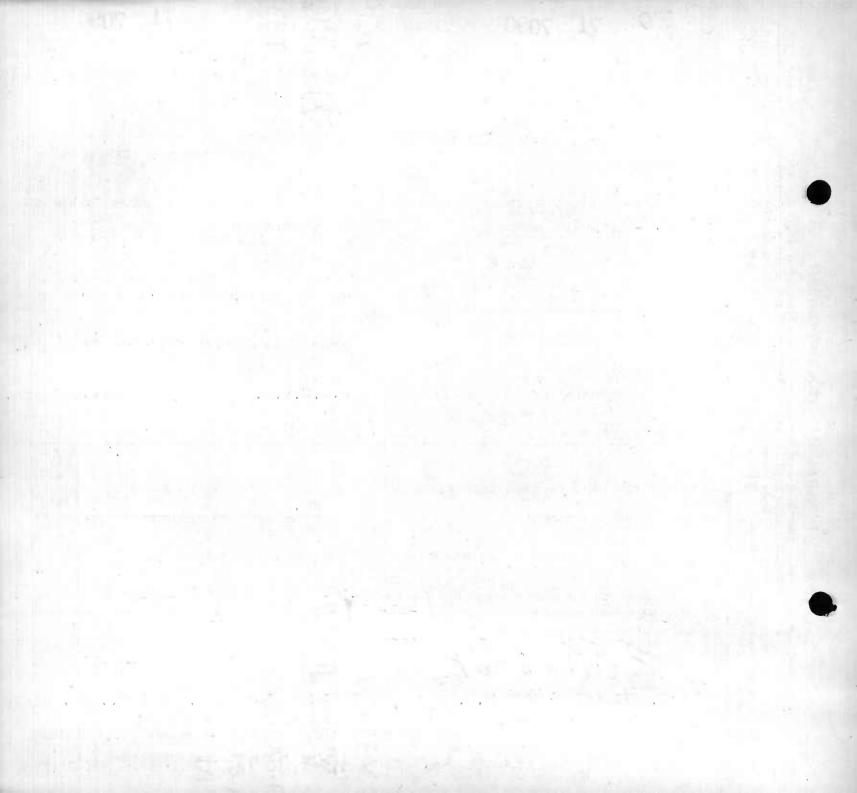
Rd. Randallstown, Md.

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B



	BIRTH NO.  BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEA	7 7002
	(Type of Print) MARCAPRET 10/10 2. D.	ATE AND HOUR OF DEATH  1123 21 1 405
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE	E (Where deceased lived, If institutions residence before odmission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN:	me Surrey 1/07
7	Marin and Hon	123
	E. STREET AND NUM	ABER Devil A
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH	9. AGE 6th years II Under 1 Yr., If Under 24 Hrs. lost birthdoy Months; Doys Hours Min.
	WIDOWED DIVORCED 0/31/04  10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State done during most of working life, even if refired)	1/7
	Secustion Markel Roy Co, The	· La. USA
	13. FATHER'S NAME	EN NAME
	15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give war or dotes of service)  SECURITY NO.	Truty faintener ADDRESS
	no - Sing. a	Jaine
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying and (A)IMMEDIATE CAUSE	e Stock 3 days
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	epses
	tise la lhe above cause (A) slaling lhe UNDERLYING CONDITION last.  (C) CA RECTO	franklik
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING	
	Condition of the Death But not related to the terminal   Condition of the terminal	
	19A-DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS FERFORMED TO THE PLACE OF INVESTIGATION WAS LINDERLYING TO THE PLACE OF INVESTIGATION WAS LINDERLY WAS LINDERL	or No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- 11	OR CONTRIBUTING CAUSE OF home, form, lactory, street allice bidg. INJURY OCCI	OID UR? (If In Baltimore City, give exect location)
	Q 21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21E HOW DI	D INJURY OCCUR?
	S (APPROX) While At □ Not While □ Not Work □	
	22. I certify that (i) (this heepitel) attended the deceased from that (i) (we) lost saw the deceased alive an 7/3 3 19 7/ 0	19 7 10 7 7 3 19 7 1
	and haur and from the causes stated abave. (i) (We) (did) (did not) view the body ofter de	and that in (my) (our) opinion deoth occurred on the date
	23A. SIGNATURE Med. Phys. Attending Med. Phys.	Sheft Of 23B, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	Phys.
2	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 12	Uniw Md. Stopp,
	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY OF CREMATORY 2.	Leboron (City, town, or county) (Stote)
2	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTIAN 25C. FUNERAL DIRE	CTOR ADDRESS
1	VS 180 PO 1/1/69	W Jane Millatore De

MINKE, VEST LOWER Corner that they and the transfer of the second 1. Shock Shock 3 degpot-to pass Ca Reefo Sejones you promoted on year E EC/6 11 Es/1. Me Character MI Erro Md. Hop, ETTER FELLENDINGHAR Minist Thomas Characher Line E.

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO. 1 BIRTH NC I. NAME OF DECEASED 2. DATE Known [ Month Doy Yeor Hour (Type or Print) OF WALTER A. BAJKOWSKI Sr. 7 Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 25 1971 19:28 a OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY Church Home & Hospital (DOA) 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? male white WIDOWED | Balto. DIVORCED YES 3 NO 10. AGE (In years lost birthdoy) 59 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months ; Doys , Hours , Min. 42 N. Patterson Park Ave. Oct 22, 1911 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Baltimore, Maryland U. S. A. Peter Baikowski Deceased 14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) (Unkown) Self-Employed Owner Constance 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give wor or doles of service) ADDRESS 42 Ne 17. SOCIAL SECURITY NO. 18. INFORMANT (Wife) Patterson 213-07-2512 Amelia Baikowski 19. 5 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Fatty metamorphosis of liver LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury ar complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** (B)\_\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTIF 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Z 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exect location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. OF INJURY (Month) (Day) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT (APPROX.) m. WORK AT WORK 23. I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my apinion resulted from: Natural causes X Accident Suicide Homicide \_\_\_ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Russell S. Fisher, M.D. 7/26/71 NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

Gardens of Faith Cem.

250 NAME OF REISTRAR

7 - 29 - 71

Burial

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT

Overlea

John Ma Weber & Sons Inc. Chester

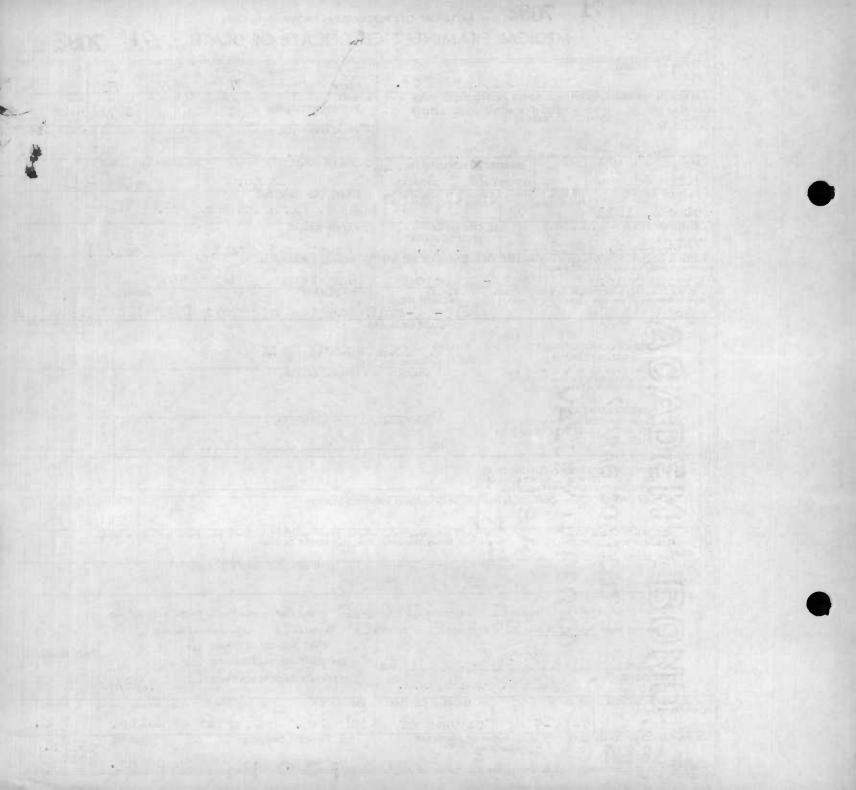
25C. FUNERAL DIRECTOR

Balto.

ADDRESS

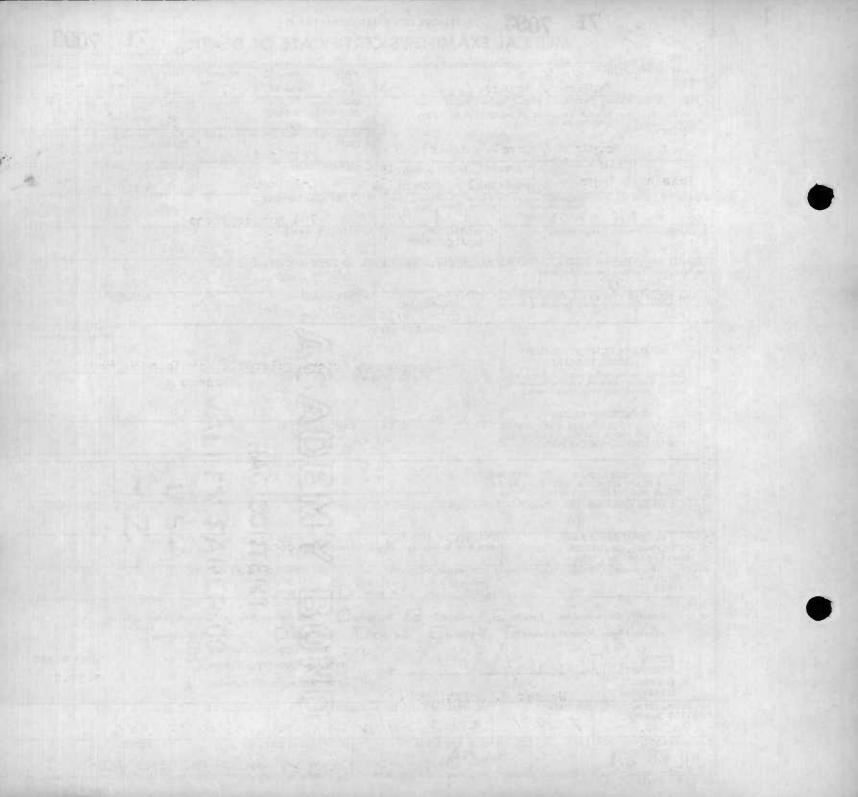
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VS 151-REV. 1/1/68

BII	B-63	6	1 70 MED	093 PICAL		ORE CITY HE		RTMENT CATE OF	DEAT	H REG. NO	71	7093	
1.	NAME OF DE	CEASED	IMPV				2. DATE	Knawn 🔯	Manth	Day	Year	Hour	
(Ty	pe ar Print)		ion J.	Bruner			OF DEATH	Estimated	7	26	71		Р. м
4.	PLACE IN BA					DEAD	3. DATE	20000000	Month	Day	Year	Haur	Р. м
FUI	L NAME OF	(IF N	OT IN HOSPITA	L OR INSTITU				UNCED DEAD	F 300	e mark			
OR	SPITAL	ADD	RESS OR LOCA	TION)			5 USUAL D	ESIDENICE (MA	/	26	71	7:55	
-1	48		land Ge	neral	Hospit	al	A. STATE	Maryland	e decessed II	B. COUNTY	an: residence	) +	Con)
6.	SEX	7. RACE		8. MARRIEL	NEVER	MARRIED X	C. CITY OF	TOWN		D. INSIDE	CITY LIMITS?		and the same of th
	Female	Neg	gro	WIDOWE		IVORCED		Baltimore	2		YES 🔀	NO 🗆	- M.
9. [	DATE OF BIRT	H	10. AGE (In		Under I Yr. II	Under 24 Hrs.	E. STREET	AND NUMBER			123 [ ]	140	
1	11-3-	1900	lost birthdo	/) M	on this Doys	Haurs   Min.		70/ Mash	Ch	4			
11.	BIRTHPLACE (	Stole or lore	ign country)	12	CITIZEN	F	13. FATHER	704 Moshe	er Stre	eet			
1	To-din.	11 1	- M-/		WHATCOL		Angert Control	, , ,	120	UNE	D		
144	USUAL OCCU	C/1 L/	2. 119	48 KIND O	= 01/015/500			~ ~ ,		071/21			
done	e during most of v	working lile, e	even if retired)	140. KIND O	F BOSINESS	OK INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	WE ALL	DIDIO	- 101-	1021	EVER
1	DOME	SUL					CL.	ARA S	1.140	AITI	SILVE	RSPRI	INGS
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES?	I7. SOCI	AL	18. INFOR	TNAN	nans	,	ADDRESS		
(100	150	Mill Acs' Bine	war or goies	or setatce)		32-0116	GE	ARA S	14/11	DNA	40		
	19.1/19	11 .		1.8%		USE OF DEA						PROXIMATE II	NTERVAL
	110	1									BETW	EEN ONSET	IND DEATH
			DITION DIREC	TLY									
		LEADING 1			(	MMEDIATE C	AUSE Art	eriosclero	otic ca	ardiova	scular		
	heart follure	, osthenio, e	e mode of dyl tc. It meons the nich coused deo	diseose,		DUE TO, OR	AS A CONSEC	UENCE OF:	disea	ase			
NOI	DISEASES OF	NTECEDEN OR CONDIT E ABOVE C NG CONDI	T CAUSES FIONS, IF ANY, AUSE (A) STAT TION LAST.	GIVING ING THE	((	DUE TO, OR	AS A CONSE	QUENCE OF:					
CERTIFICATION	TO THE DE	ATH BUT NO	DIDITIONS CO DI RELATED TO N GIVEN IN PA	THE TERMINA	e G								
2	20A. DATE OF				R WHICH O	PERATION W	AS PERFORM	FD			21 AUTO	PSY? (Yes	or No.
낑	0					ENAMOIT III	O I ERI ORII						1110)
7	22A. FXTER	NAL CAUSE	TAVAC	lane	DI ACE OF	*********						10	
EDIC	UNDERLYING UTING CA	OR COL	VIRIB-	hor	ne, farm, locto	ory, street, affice	in or obout 2 bldg., etc.) II	2C. WHERE DID (NJURY OCCUR?	If in Boltimor	re City, give e	act locotion)		
2	OF INJURY	(Month)	(Doy) (Year)	(Hour)	22E. INJURY	OCCURRED	2	2F. HOW DID IN	URY OCCL	JR?			
	(APPROX.)			m.	WHILE AT WORK		WHILE						
	23.			111.	HOKK L	J AT W	OKK LJ				-		
	l cert	ify that I	held on In	quiry []	Inspecti	on E Au	tonsy 🗍	and that on th	is basis	death in my	coninion		
			Notural cous	-	Accident	-					_		
		11/	1	4 P	The state of the s					ned monner			
	ACTUAL	- 1 11/A	11 111		7/7	,		CHIEF MEDICAL E		[X]		DATE SIGN	VED
	SIGNATI		1/VII		1/1/	M.D	. ASSI	STANT MEDICAL E	XAMINER				
	EXAMIN			,	17		ASSO	CIATE MEDICAL E	XAMINER		7	-27-7	L
244	NAME (1		Wern	er U.	Spitz,	M.D.							
REA	BURIAL CREA	MAIION,	248. DATE		4C. NAME	F CEMETERY			OCATION	(City, tow	n, or county)	(Sto	le)
	BURIAL		7-30	7/	MI. F	TUBUR	NCE	METERI	131	1. 701	Med.		
_	. DATE REC'D	BY HEALTH	DEPT.	25B, NAM	E OF REGIS			UNERAL DIRECTO	12.1		ADDRESS		
1	111 28		Robert E	Jaber	20 20		1	son in of UK	1/		DIKESS	101	1
U	OL NO	1011		1	7	11	0 00	63 10 0x Us	1100	1A 3;	13 11.01	17.090	



VS 151-REV. 1/1/68

25C. FUNERAL DIRECTOR Charles A. Rice ADDRESS

661 W. Barre St.

25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

Letter from M.E.'s office 8-19-71 M.H.

Arbutus Mem.

25B. NAME OF REGISTRAR

Park

25C. FUNERAL DIRECTOR

Charles A. Rice

Arbutus.

Maryland

**ADDRESS** 

661 W. Barre St

Burial

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT

4 4/27/47

Maryland

unemployed

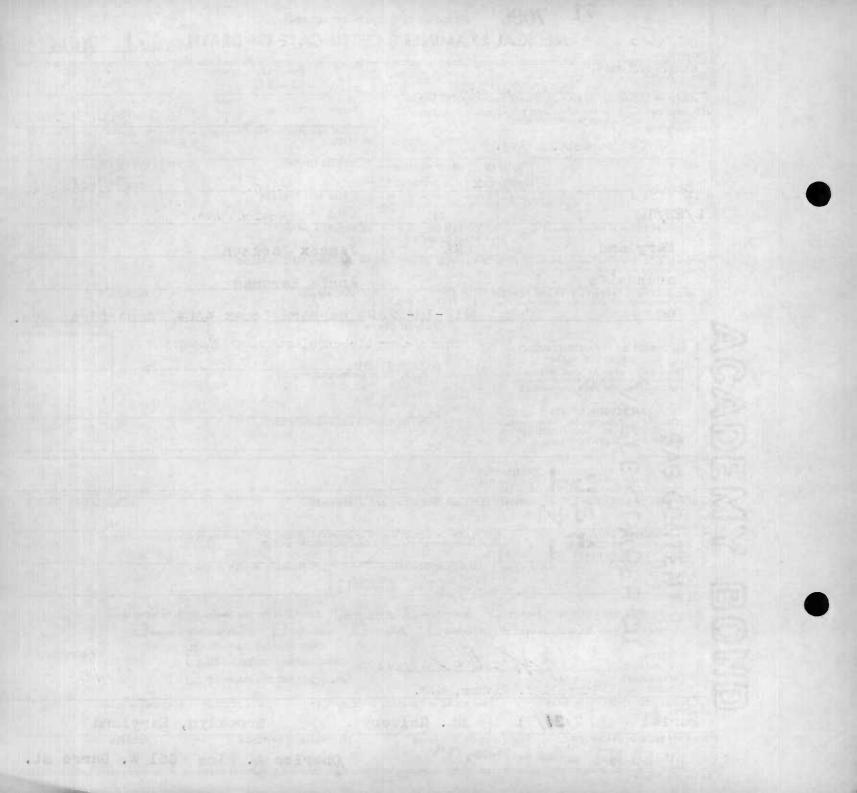
no

USA

James Williams

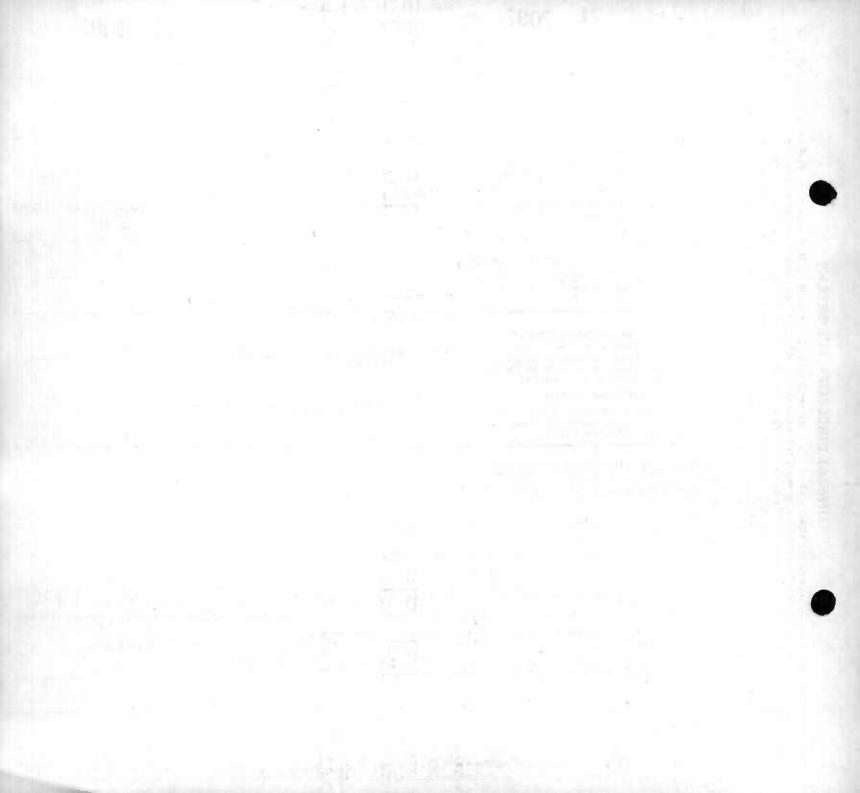
Crace Harper

	EALTH DEPARTMENT	
J-250 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	Pro No.71 70.96
BIRTH NO.		REG. NO.
1. NAME OF DECEASED	2. DATE Known Month	Day Year Hour
(Type or Print)	OF Estimated	
BERNICE JACKSON  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH	
	3. DATE Month PRONOUNCED DEAD	Doy Yeor Hour
HOSPITAL ADDRESS OR LOCATION)	7	26 1971 9:05 a
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived	
4304 Connecticut Ave.	A. STATE Md. B.	COUNTY 2864
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
fomolo normo WIDOWEDE DIVORCED	7. 7.	wee [ ]
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	Balto.	YES NO NO
lost birthdoy) Months   Doys   Hours   Min.		
2/22/18 53	4304 Connecticut Ave.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
WHAT COUNTRY?		
Maryland USA	Jamesa Jackson	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
housewife	Amada Handway	
16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL	Annie Hardman	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	10. HAPOKMANI	ADDRESS
no 212-18-923	9 Barbara Lomax 430	4 Connecticut Ave
19. 11 9 11 . CAUSE OF DEA		APPROXIMATE INTERVAL
Antoniogolom	otic cardiovascular dise	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	otte cardiovascutar dise	ase
LEADING TO DEATH	CAUSE	
(This does not mean the mode of dyling, e.g., DUETO OR	AS A CONSEQUENCE OF:	
heort failure, osthenio, etc. It means the disease, injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AC 2007 00 10 10 10 10 10 10 10 10 10 10 10 10	
O 9	AS PERFORMED	21. AUTOPSY? (Yes or No)
		Troc
ZZA. EXTERNAL CAUSE WAS   228.PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (If in Baltimore C	ity, give exact location)
U IIAIDEDIVIAIC OD CONTRIB	e bldg., etc.) INJURY OCCUR?	my, give exect tocollery
UTING CAUSE OF DEATH.  22D. TIME (Month) (Dox) (Year) (Hour) 122E INJURY OCCURRED.		
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX) WHILEAT NOT	WHILE [	
m. WORK AT V	VORK [_]	
	F1	
I certify that I held on Inquiry Inspection Au	topsy 🛚 and that on this basis, de	ath in my opinion
resulted from: Natural causes XX Accident Suicid	de 🔲 Homicide 🔲 Undetermined	monner
	CHIEF MEDICAL EXAMINER	
ACTUAL X		DATE SIGNED
SIGNATURE AMOUNT M.C	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	7/26/71
NAME (Type) Russell S. Fisher, M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D, LOCATION	(City, town, or county) (Stote)
REMOVAL (Specify)		
Burial 7/31/71 Mt. Galve	ry Brooklyn	, Maryland
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
1111 28 1971 Robert E. Jackey M.D.		
10 40 B/1 000cm	Charles A. Rice	661 W. Barre St.
VS 151-REV. 1/1/68		



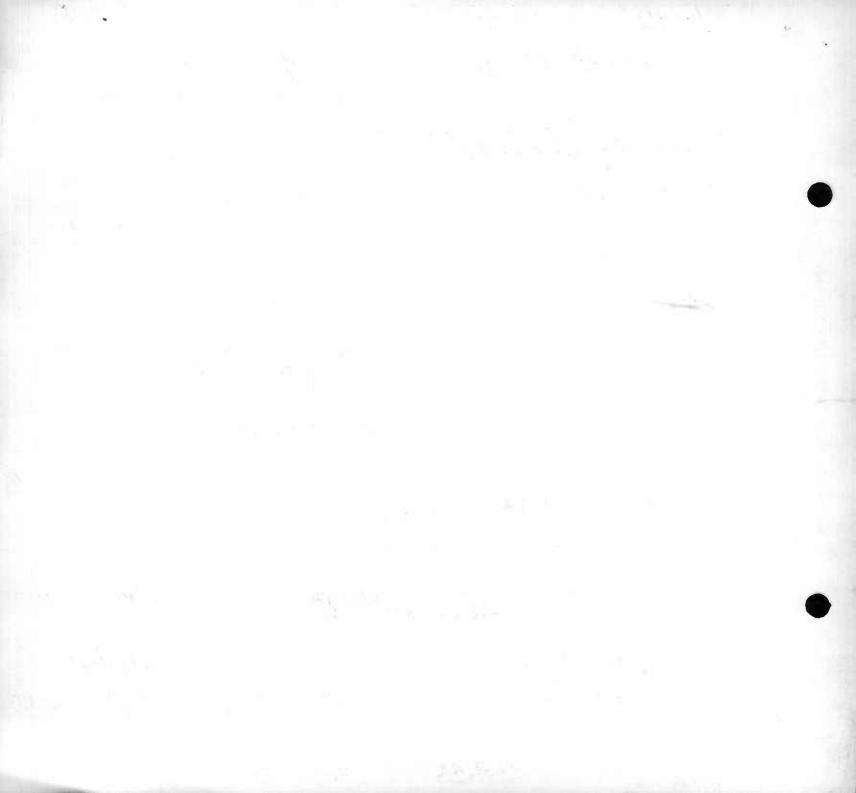
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

W-520	71 70	47	Y HEALTH DEPARTMENT	
BIRTH NO.		CERTIFICA	TE OF DEATH REG.	No. 71 7097
(Type or Print)	. Do	iq JR	2. DATE AND HOUR OF 7/25/7)	9:50 PM I
3. PLACE IN BALTIM	ORE MARYJAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased li	ived. If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	e Cry 833
Johns Ho	pkins Hos	P. BALT. Md	E. STREET AND NUMBER WILTON A	YES NO .
M	15 V	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In y. lost birthdoy)	Months Days Hours Min.
dane during most of work	ing life, even if retired)	L KIND OF BUSINESS OR INDUSTRY	Dunn, N C rolina	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
		Womack, Sr	mith, 9 LAry	5
5. Was Deceased Ever Yes no or unknown) (If	r in U. S. Armed Forces yes, give was or dates of	service    16. SOCIAL   214-18-1416	Mrs Gladys W Belt	ADDRESS , same
heart failure, asth	mean the mode of dy lenia, etc. It means the alion which caused de ECEDENT CAUSES CONDITIONS, if any, bove cause (A) sk ONDITION last.	disease, ath.)  (8) DUE TO, OR AS	A CONSEQUENCE OF:	
TIO THE DEATH BU	II NT CONDITIONS CONTR OF NOT RELATED TO THE T OF NOT RELATED TO THE T	ERMINAL	***************************************	
19A, DATE OF OPE	RATION 19% CONDITI	ON FOR WHICH OPERATION		WERE FINDINGS CONSIDERED
OR CONTRIBUTION		21& FLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (If In	Baltimere City, give exact location)
OF INJURY	onth) (Day) (Year) (H	21E INJURY OCCURRED   While At   Not While Work   At Work	21F. HOW DID INJURT OCCUR?	1
	t (I) (this hospital) at	tended the deceased from	19 7 ond that Introfy (c	off) opinion death occurred on the date
23A. SIGNATURE	m the causes stated	eldera Poegree Phys	nding Med. Staff Phys.	23R DATE SIGNED
NAME (Type)	771-1-77		23D. ADDRESS	
J.  24A. SURIAL CREMAT REMOVAL (Special Burial	ION, 248 DATE	24C. NAME of CEMETERY OF CRE		(City, town, or county) (State)
JUL 28 1	1.7	Mt Calvary	C metry   A A	County Md ADDRESS 1206 W north Ave
VS 150-REV. 1/1/68	· ·		119 9 / 9	



	cause of death	se; (5) Deceased	to death. Such
•	f death occurred in	Undetermined cau	he deceased prior
FUNERAL DIRECTOR: IMPORTANT	ner or his assistant i er. Also, if the dire	octure of any kind; (4	h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
NERAL DIRECTO	hief medical examin a medical examin	lody burns; (3) A fra he physician who	sician was in regu
• IUT	approved by the c	of any nature; (2) B al (except where t	h); and (6) No phy be obtained before
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of was D.O.A. at a hospital	deceased prior to death); and (6) No physician was in regular attendance on the deceased privitten approval must be obtained before the remains are embalmed or final disposition is made.

V-640 BIRTH NO. 71 7098		HEALTH DEPARTMENT	REG. NO	71 .7098
1. NAME OF DECEASED (Type or Print) Verrell, Gladys		2. DATE A	TO HOUR OF DEATH	
Greenspring Belveclace Ave	N, GIVE STREET	C. CITY OR TOWN  Baltimore  E. STREET AND NUMBER	LLE CE#7	INSTITUTION PERIOD DEFORE OF ORDINARY MA
5. SEX 6. RACE 7. MARRIED [] N Female Negro WIDOWED	IEVER MARRIED DIVORCED	8. DATE OF BURTH	9. AGE (in years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
done during most of working life, even if refired)  HOUSEWELD life, even if refired)  Social Se		Chula, Virgi	ign country)	12. CITIZEN OF WHAT COUNTRY
Elmer		Joseph		nson
	SOCIAL SECURITY NO.	17. INFORMANT Augustus Yerre	11 8 Wetinus	ADDRESS
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) DUE TO, OR AS	A CONSEQUENCE OF	breast.  Ot. breas	<i>/</i> .
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B-CONDITION FOR WHICH WAS PERFORMED.  21A-ACCIDENT WAS UNDERLYING TO 121R PLACE	H OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	E OF INJURY (e.g., in	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II In Boltimore	e City, give exoci locotion)
	DRY OCCURRED  Not While At Work	21 F. HOW DID INJI	URY OCCUR?	. 1
	QUE AM			nion deoth accurred on the dote
and hour and from the couses stated abave. (1) (We 23A. SIGNATURE Calisty 3049.	M() DEGREE Phys.	oding Med.	Shaff Phys.	23B, DATE SIGNED 7/22/191/
23G. PHYSICIAN'S NAME (Type)  ZVI  KALISKY  24A. BURIAL CREMATION,   24B. DATE   24G. NAME of REMOVAL (Specify)	M.D.  OEGREE  OEGREE  OF CRE	Schar Houpita Belveden A	of Balla re at Greens OCATION (Cit	nove Inc.  Noving Baltwore ML  by town, for county (State)
transit-burial 7-27-71 Richmon	nd Oakwood	Cemetery Rich	hmond, Virgi	
25R. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC. 32.65.	ACD D	Catter Brother	1705 W. Lei F. Home	ight Ri <b>chrun</b> d Virginia



JUI 28 1 VS 150-REV. 1/1/68

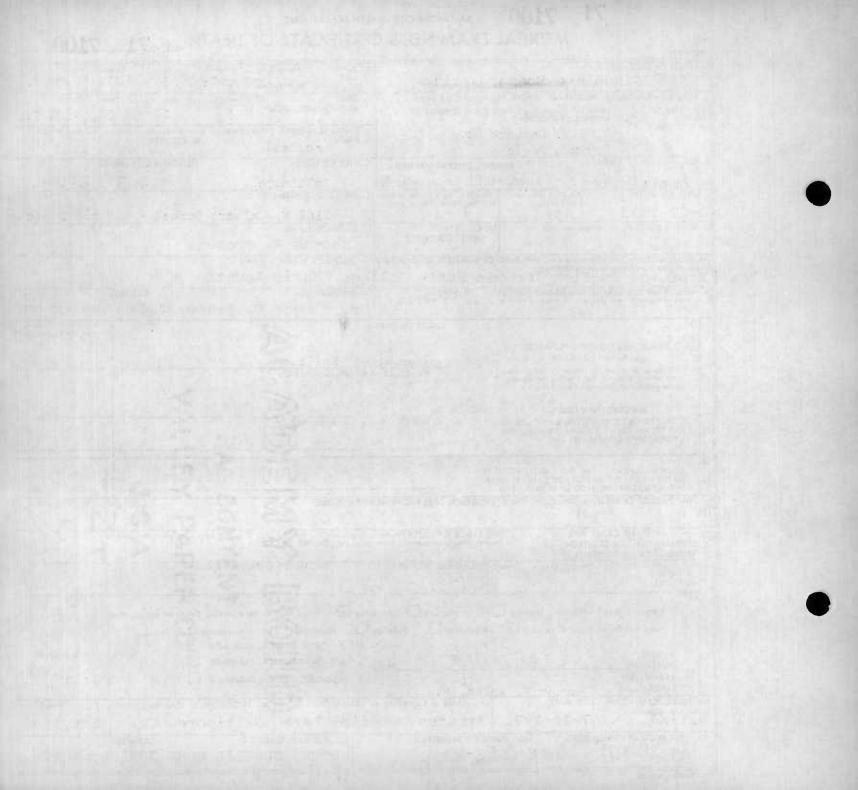
117 .14	1-9.4	W-00	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	5 71	7099	CERTIFICA	TE OF DEATH	REG. NO	71 7099
Type or Print)					AND HOUR OF DEATH	
	Lula Beati			Jul	y 23, 1971	124 pa
3. PLACE IN BAL	TIMORE MARTLAND,	WHERE PRONOL	INCED DEAD	A. STATE B. COL	here deceased lived. It	institution: residence before almissi
ULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	ITION, GIVE STREET	Maryland	describ	130/
NOITUTITE	ADDRESS OR LOC	CAHON		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
20000				Baltimore		YES NO
//2409	Madison Av	<i>r</i> enue		E. STREET AND NUMBER		
SEX	6. RACE	17		2409 Madis		
		MARRIED	NEVER MARRIED		9. AGE (In years lost birthdoy)	Months Doys Hours Min.
emale	Negro	WIDOWED	DIVORCED	7-14-1896 11. BIRTHPLACE (Stote or fo	75	
ne during most of	working life, even if reffred)	IN KIND OF	BOSINESS OF INDUSTRE	III. BIKIMPLACE (Stote of to	ereign country)	12. CITIZEN OF WHAT COUN
Domest		Pvt.	Family	Maryland		USA
FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
Allen	Spriggs			Eva Wilson		
Was Deceased	Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	in yes, give wer ar se	or activities	\$ECURITY NO.	A Mrs Cours	Dankon 2	409 Madison Ave
18. 4 3	1.4		CAUSE OF DEATH		11	APPROXIMATE INTERVA
rise to the	R CONDITIONS, if above cause (A) CONDITION last.	slating the	DUE TO, OR AS	A CONSPONENCE OF:		
TO THE DEAT	II ICANT CONDITIONS CO H BUT NOT RELATED TO	THE TERMINAL				
	OPERATION 198 CONWAS PER		HICH OPERATION	20A. AUTOPSY? (Yes or I		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	IT WAS UNDERLYING [TING CAUSE OF medical examine)	21 B. I home etc.)	PLACE OF INJURY (e.g., in form, foctory, street, off	or about 21 C. WHERE DID	(If In Boltimo	ore City, give exact location)
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX)		While	e At Not White			
	1 . (1) (.1 . 1	Work		2/2	67	- /-
	that (I) (this hospita		· ·	1/3	19 6 10 7	7/23 197
thot (I) (we)	lost saw the deceas	ed olive on	7/23	197/and t		inion deoth accurred an the c
and hour and	fram the couses sto	ted above. (I)	(We) (did) (did not) vi	ew the body after death	•	
23A/SIGNATU	RE / N	1	;			238, DATE SIGNED
Truck				44 June 44 5 .	0. 11	/ .
	N 1000	mule	After Phys.		Staff Phys.	1/26/71
23C. PHYSICIA	N'S	inful	DEGREE Phys.		Staff Phys.	1/26/71
23C. PHYSICIA NAME (T)		inful	DEGREE Phys.	Director L		7/24/71
Gilb	ert L. Ban		M. D DEGREE	Director Dir	venue	9/26/71
Gilb A. BURIAL CREA REMOVAL (S	ert L. Ban	24C. NA	M. D DEGREE Phys.	Director L 3D. ADDRESS  722 Fulton A  MATORY   240.	venue	7/24/7/
Gilb	ert L. Ban MATION, 246 DATE pecify) 7-27-	24C. NA	M. D DEGREE Phys.  M. D DEGREE  ME of CEMETERY of CREA	Director L 3D. ADDRESS  722 Fulton A  MATORY   240.	venue LOCATION (C	7/24/7/ Sity, town, or county) (State) Co. Maryland

25C. FUNERAL DIRECTOR

ADDRESS

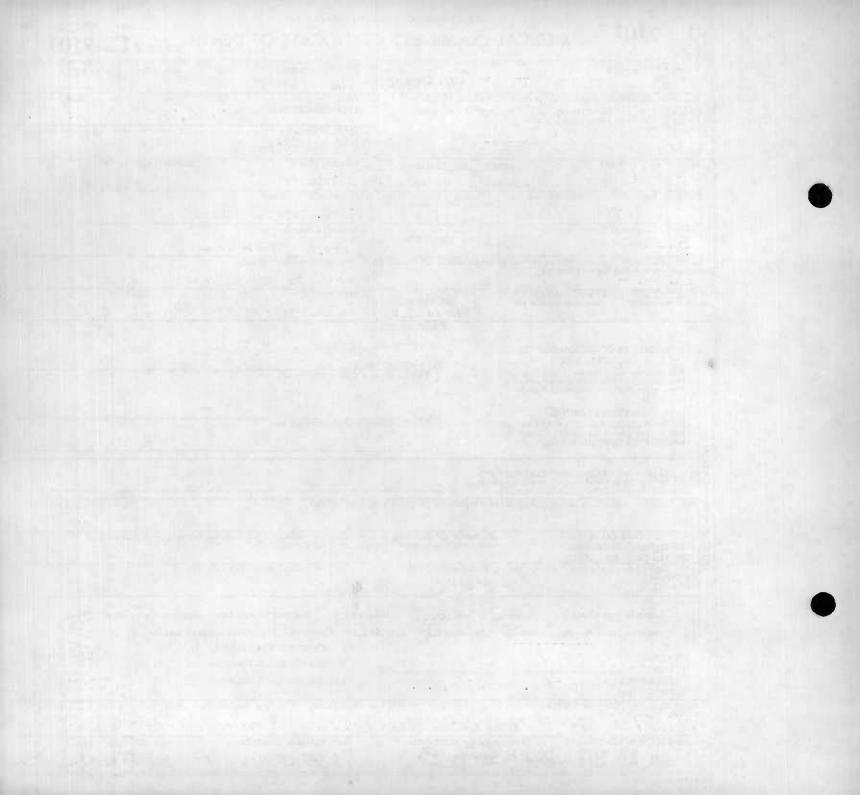
NUTTER FUNERAL HOME 3035 W. NORTH

	HEALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 7100
I. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hnyr
Stephanie Fraser Martin	OF DEATH Estimated & Found: 7 26 71 9:00 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Manth Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	/ 20 /1 '9:00 P. M
1101 N. Calvert St.	5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
Horizon House	Maryland
MARKIED LI NEVER MARRIED L	
Female Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In years   # Under 1 Yr. If Under 24 H	
last birthday) Months ; Days ; Hours ; Mi	n.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	1101 N. Calvert Street - Horizon House
Ohio WHATCOUNTRY?	Thomas P. Fraser
14A.USUAL OCCUPATION (Give kind of world 14B. KIND OF BUSINESS OR INDUS	
done during most of working lile, even if relired) Prof. of English Coppin State Co	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	IB. INFORMANT ADDRESS
(Yes, no arunknown) (If yes, give war or dates of service) SECURITY NO.	Dr. Thomas P. Fraser 2049 Wheeler Ave
19. CAUSE OF DI	EATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	ecause Epilepsy
I this does not mean the made of dyling, e.g.	R AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes ar No)
1	Yes
UNDERLYING OR CONTRIB. home, farm, factory, street, of	g., in or about 22C. WHERE DID (II in Boltimore City, give exact lacation) living OCCUR?
UTING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	D. 22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX) WHILE AT TO NO	OT WHILE [
m. WORK AT	WORK L
I certify that I held an Inquiry Inspection A	autopsy 🗵 and that on this basis, death in my opinion
	ide Homicide Undetermined manner
11/100 1 (0)	Deputy CHIEF MEDICAL EXAMINER 3
ACTUAL	DATE SIGNED
EXAMINER'S LIVE Y LONG MANAGEMENT OF THE PROPERTY OF THE PROPE	D. ASSOCIATE MEDICAL EXAMINER 7-27-71
NAME (Type) Werner U. Spitz, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	(any) tenty of electry
Burial 7-30-1971 Arbutus Me	morial Park Baltimore Co. Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUL 28 1971 Pales & Jackey 163	NUTTER FUNERAL HOME 3035 W. NORTH A
VS 151-REV. 1/1/68	9499



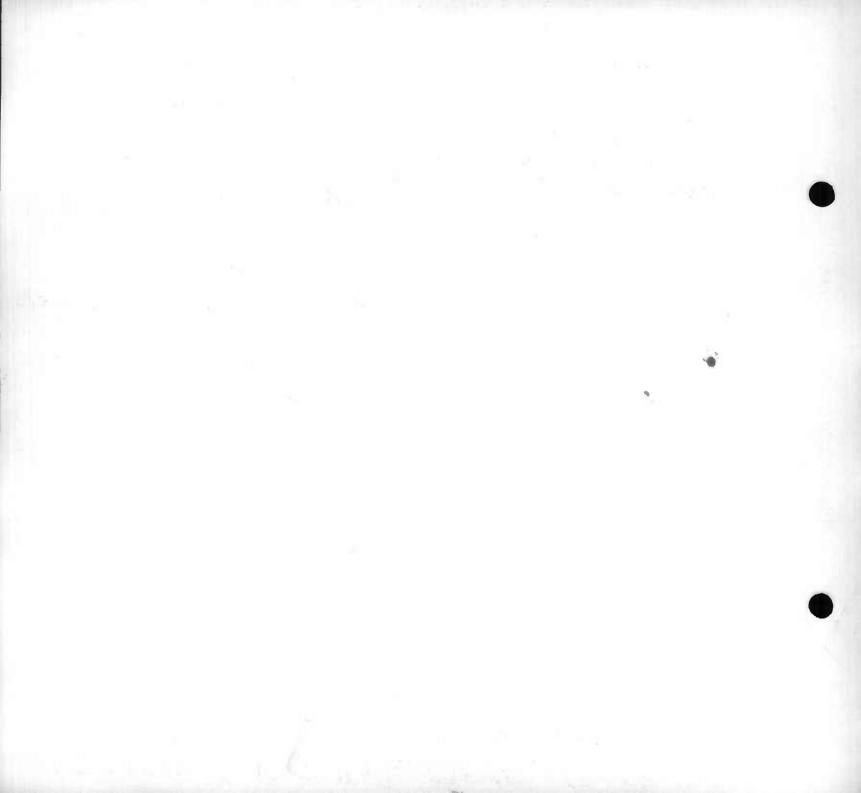
## BALTIMORE CITY HEALTH DEPARTMENT

PI	1 71 RTH NO.	01	MED	ICAL	EX.	AMINE	R'S	CERTI	FIC	ATE OF	DEA	TH	REG. NO.	71	7101	
<u> </u>	NAME OF DEC		ODGE	UTTMO	DE /	WILLM	(50.1)	2. DAT	E	Known 📗	Month		Doy	Yeor	Hour	_
Ŀ				WILMC				DEAT	-	Estimoted 🗆						M.
10	PLACE IN BAL							3. DATE		NICED DEAD	Month		Doy	Yeor	Hour	
HC	LL NAME OF SPITAL INSTITUTION	(IF NO ADDRE	T IN HOSPITA	AL OR INS	TITUTION	N, GIVE STREET	r			NCED DEAD			, 1971	: residence	4:45 A.	M
		СН НОМЕ	AND H	OSPIT	CAL			A. STAT	E	Maryland		B. (	COUNTY	1	851	
6.	SEX	7. RACE		8. MARE	RIED 🔲	NEVER MAR	RIED 🗌	C. CITY	OR T	OWN		D.	INSIDE CI	TY LIMITS?		
	Male	Negr	0	WIDOV	VED 🔲	DIVOR	CED [	Ba	1ti	more			YI	es 🗌	NO 🗌	
9.	DATE OF BIRTI	1911	lost birthda	go go		er I Yr. If Unde Doys Hour				Fayette	Stre	et				
11.	SIRTHPLACE (S	tote or foreig	in country)			IZEN OF	Y?	Co.	HER'S	NAME HIL	hear-	2				
i4A don	Labore	rorking life, ev	e kind of work en if retired)	148. KINI	OF BU	ISINESS OR II	NDUSTR	Y 15. MO		1 11	AME CGG 11	ns				
16. (Ye	WAS DECEAS	ED EVER IN	U.S. ARMET	FORCE:	)	7. SOCIAL SECURITY 241-14-		18. INF	ORM	ANT Hervi			-	DDRESS + 5+	Phila H	る
-	19. ~ ~	1 0			- D		OF DEA	/		,				1	APPROXIMATE INTERV	AL
	571	-01	MON DIDE	er.v					rph	osis of	liver			6ET	WEEN ONSET AND D	EATH
		E OR COND LEADING TO		CILY												
	(This does n	at mean the	mode of dy	Ing, e.g.,			E TO, OR	AS A CON	SEQU	ENCE OF:						
1	injury or con	, asthenio, étc aplication which	ch coused de	aih.)												
		TECED PAIR	CAUCEC													
	DISEASES C	NTECEDENT OR CONDITION E ABOVE CA	ONS, IF ANY	Y, GIVING		(B)	TO, OR	AS A CO	NSEQ	UENCE OF:						
Z	UNDERLYIN	1G CONDITI	ION LAST.			(c)									······································	
ピ			11													
ERTIFICATION	TO THE DEADISEASE OR	IIFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	UNAL											
EN THE	20A. DATE OF	OPERATION	1 20B. CO	NOITION	FOR W	HICH OPERA	TION W	AS PERF	DRME	D				21. AUT	OPSY? (Yes or No	)
ū	0														no	
EDICAL	UNDERLYING		TRIB-		22B. PL	ACE OF INJU	URY (e.g., treet, offic	in or oba	ut 22 c.) IN	C. WHERE DID JURY OCCUR?	(II in Bolti	more C	lty, give exc	ict location		
Z	22D. TIME		oy) (Yea	r) (Hou	r) 22E	INJURY OC	CURRED		22	F. HOW DID II	VJURY O	CURT				
	OF INJURY (APPROX.)				m. WH	ILE AT		WHILE WORK								
	23.	Ify that I h	eld an 1	ngulry [		nspection	X AL	itapsy [	7	and that on	this bas	s. de	ath in my	opinion		
		ted fram: N		-		ident 🗌	Sulcl			nicide 🗌			manner			
		1	)	4 0	. /	/ . /				HIEF MEDICAL		-				
	ACTUAL		regt	1	low	66	M.E	J.	<b>15</b> \$151	ANT MEDICAL	EXAMINE	R X			DATE SIGNED	
L	EXAMIN NAME (1	(ype)		N. Ko		Lum, M.D.				CIATE MEDICAL				7/2	21/71	
	A. BURIAL CREI	(v)	7-28	-71	1	NAME of CE			en		gnn	-	(City, town	led	(Stote)	
25	A. DATE REC'D		DEPT.	25B. N	NAME C	F REGISTRAI				JNERAL DIREC				DDRESS		
	JUL	28 197	1 Rob	e 8 €.	Jack	en M.D.						#			Houth	K
VS	151-REV. 1/1/68	3	46		1	* **	4.3	) 6]	다 비	UU						



IMPORTANT

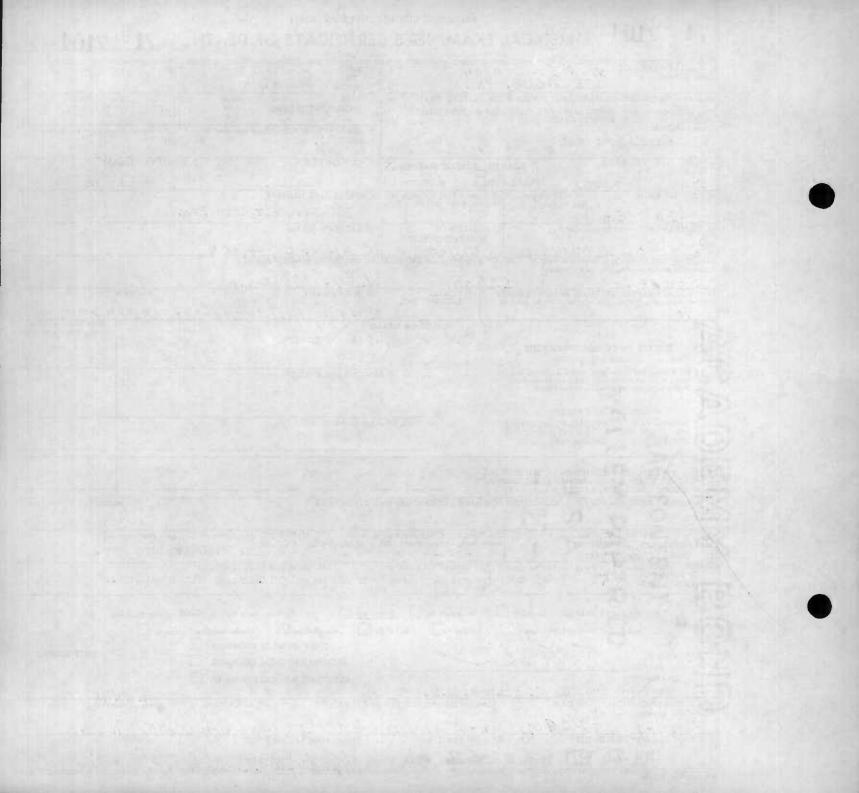
FUNERAL DIRECTOR:



M-450

. NAME OF DECEASED (ype or Print)		
	2. DATE Known Month Doy	Yeor Hour
VIVIAN L. MULLEN	DEATH Estimoted L	M
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy PRONOUNCED DEAD	Yeor Hour
OSPITAL ADDRESS OR LOCATION) OR INSTITUTION	7 26	1971 10:35a M
nn -	5. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE B. COUNTY	residence before odmission)
1912 Etting St.	Md.	/ / / / /
MAKKIED NEVER MAKKIED	C. CITY OR TOWN Balto. D. INSIDE CITY	
female negro WIDOWED DIVORCED L  DATE OF BIRTH 10. AGE (In yeors   If Under 1 Yr, If Under 24 Hrs.	YES	NO .
Nov3-1944 lost birthdoy) Months, Doys, Hours, Min.	N N	
1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	504 Payson St.	
BALTOND DANKT SOUNTRY?	Long Williams	
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR		
one during most of working life even if retired) 6/07HING MAUF		
		DEC.
6. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no osynknown) (If yes, give wor or doles of service) SECURITY NO.	18. INFORMANT TALLEY SUYN	Parson St
2142.701	Ør.	
19. CAUSE OF DEA	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	01.11	
LEADING TO DEATH	CAUSE Sickle cell disease	
heort foilure, ostherio, etc. It meons the diseose,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
2)		yes
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	, in or obout 22C. WHERE DID (If In Boltimore City, give exoct	location)
UNDERLYING OR CONTRIB- home, form, foctory, street, office	ce bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY	T WHILE	
	WORK L	
	utopsy 🔯 ond that on this basis, death in my o	ninian
	de Homicide Undetermined manner	
resulted from: Notural causes Accident Suicio		
7 / /	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL AMA A	D. ASSISTANT MEDICAL EXAMINER	
ACTUAL SIGNATURE M.E		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ASSOCIATE MEDICAL EXAMINER	7/26/71
SIGNATURE M.E. EXAMINER'S RUSSELL S. Fisher, M.D.  AA. BURIAL CREMATION:   24B. DATE   24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	or county) (State)
SIGNATURE EXAMINER'S RUSSELL S. Fisher, M.D.  AA. BURIAL (REMATION) 24B. DATE 24C. NAME of CEMETERY		or county) (State)
SIGNATURE EXAMINER'S RUSSELL S. Fisher, M.D.  AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY  7/31/71 The flows	or CREMATORY 24D. LOCATION (City, town, BOLF or M)	or county) (Stote)
SIGNATURE M.E. EXAMINER'S RUSSELL S. Fisher, M.D.  AA. BURIAL CRAMINATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, BOLF or M)	or county) (Stote)

	1	BALTIMORE CITY HEALTH DEPARTMENT
C 2	35	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1 7104
2		1. NAME OF DECEASED VINNIE P. StatoN (Type or Print)  PRISCILLA T. STATON    2. DATE   Mount   Day   Year   Hour   OF   DEATH   Estimated   Manth   Day   Year   Hour   Manth   Day   Year   Hour   NAME   NA
		4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  3. DATE Manth Day Year Haur
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
		Sinai Hospital  A STATE Md.  B. COUNTY
		6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
		female negro WIDOWED DIVORCED Balto. YES NO 9. DATE OF BIRTH 10.AGE (In years   Winder 1 Yr.    Under 24 Hrs.   E. STREET AND NUMBER
		5-30-1956 lost birthday) Months Days Haurs Min. 3624 W. Belwedere Ave.
		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME
		BALLIMORE, Md. WHATCOUNTRY? SAMUEL STATON
		dane during most of working life, even if retired)
		Student School LENA COPEIN  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS
		(Yes, na ar unknawn)(II yes, give war ar dates af service) SECURITY NO.
		19. F 96 6 XI CAUSE OF DEATH
		DISEASE OR CONDITION DIRECTLY Stab wound of left thorax
		(This does not mean the mode of dying, e.g.,  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF
		(Ihis does not mean the made of dying, e.g., heart laiture, asthenia, etc., it means the disease, tolury or camplication which caused death.)
		ANTECEDENT CAUSES (n)
		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE
		UNDERLYING CONDITION LAST.
		O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O TO THE DEATH BUT NOT BELATED TO THE TERMINAL
		H DISEASE OR CONDITION GIVEN IN PART 1 (A)
		20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.)
		yes    2224. EXTERNAL CAUSE WAS   1228. PLACE OF INITIRY (e.g., in or obout 22C, WHERE DID. (it is Solitonere City, give avert legition)
		228. PLACE OF INJURY (e.g., In or about 22C. WHERE DID (If in Baltimare City, give exact lacation)  UNDERLYING OR CONTRIB-  UTING CAUSE OF DEATH.  228. PLACE OF INJURY (e.g., In or about 22C. WHERE DID (If in Baltimare City, give exact lacation)  INJURY OCCUR?  3400 blk. W. Belvedere Ave.
		2 22D TIME (Maris) (Day) (Vers) (James 225 INMER OCCURRED 225 HOW DID INVITED OCCUR
1. 5.5		OF INJURY 7-26-71 1:45 a while at work Stabbed during altercation.
		l certify that I held an Inquiry Inspection Autapsy and that on this basis, death In my opinion
		resulted fram: Natural causes Accident Sulcide Hemicide Undetermined manner
		CHIEF MEDICAL EXAMINER
		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER  DATE SIGNED
		EXAMINER'S NAME (Type) Russell S. Fisher, M.D.  7/26/71
		24A, BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETERY or CREMATORY 124D LOCATION (City town or county) (Stotal
		BURIAL 7-28-71 Mt. CALVAYVCEMETERY ANNE ARUNDEL CO. Md.
		25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR     25C. FUNERAL DIRECTOR   ADDRESS
		JUL 28 1971 Robert E. Farker, & D. Randolph O. Collick 24318. Oliver St.
		VS 151-REV. 1/1/68

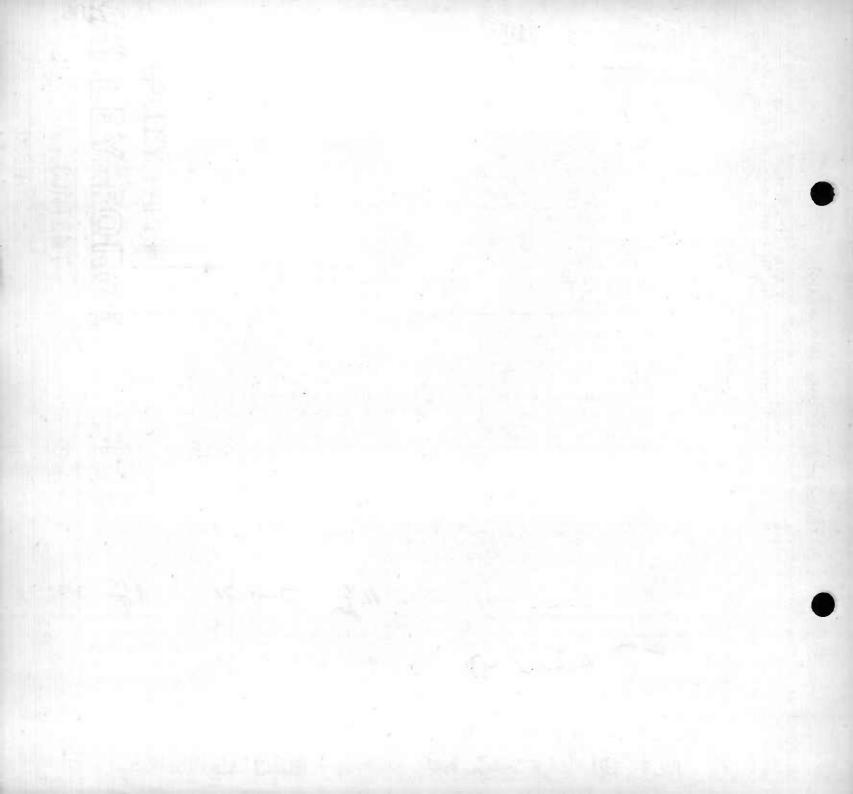


FUNERAL DIRECTOR: IMPORTANT

FULL HOSPINSTIT	MALE NEGRO WIDOWED  SUAL OCCUPATION (Give kind of work 10B. KIND OF 8US  THER'S NAME  WRENCE  S Deceased Ever in U. S. Armed Forces?  o or unknown) (If yes, give wor or dotes of service)	NEVER MARRIED DIVORCED SINESS OR INDUSTRY  SOCIAL SECURITY NO.	4. USUAL RESIDENCE (Where A, STATE 8, COUNT (NEWBORN) C. CITY OR TOWN  BALTIMORE E. STREET AND NUMBER 2025 W FAYO  8. DATE OF BIRTH 9.4719,1971	PREMATURE  D. INSIDE C  YES  HE St - 2/  AGE (In years   If III    In country)   12.	L'NFANT)		
FULL HOSPINSTIT	NAME OF ITAL ADDRESS OR LOCATION)  SECOUR S HOSPITAL  ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE  NAME OF ITAL OR INSTITUTION ADDRESS OR LOCATION)  SECOUR S HOSPITAL  MIDOWED  SUAL OCCUPATION (Give kind of work 10B. KIND OF 8US  Uring most of working life, even if retired)  THER'S NAME  WRENCE  S Deceased Ever in U. S. Armed Forces?  TO OF UNKNOWN) (Iff yes, give wor or dotes of service)  DISEASE OR CONDITION DIRECTLY	NEVER MARRIED DIVORCED SINESS OR INDUSTRY  SOCIAL SECURITY NO.	4. USUAL RESIDENCE (Where A, STATE 8, COUNT (NOW BORN)  C. CITY OR TOWN  BOLL I MORE  E. STREET AND NUMBER  2025 W FAYO  8. DATE OF BIRTH  JULY 19, 1971  11. BIRTHPLACE (State or foreign  14. MOTHER'S MAIDEN NAM  JUAN 17A	19-71 87  vecessed lived. If institution  PRemature  D. INSIDE C  YES  AGE (In years st birthdoy)  n country)  12.	IN FANT		
FULL HOSPINSTITUS OF S. SEX	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)  SECOUR S HOSPITAL  ALE NEGRO  SUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSING MORE OF WORKING life, even if retired)  THER'S NAME  WRENCE  S Deceased Ever in U. S. Armed Forces?  TO OT UNKNOWN) (If yes, give wor or dotes of service)  DISEASE OR CONDITION DIRECTLY	NEVER MARRIED DIVORCED SINESS OR INDUSTRY  SOCIAL SECURITY NO.	4. USUAL RESIDENCE (Where A, STATE 8, COUNT 8, COUNT (NEWBORN)  C. CITY OR TOWN  BALTIMORC  E. STREET AND NUMBER  2025 W FAYO  8. DATE OF BIRTH  JULY 19, 1971  11. BIRTHPLACE (State or foreign)  14. MOTHER'S MAIDEN NAM  JUAN 17A	D. INSIDE C  VES  AGE (In years st birthday)  The country)  The country is a country in the coun	IN FANT		
FULL HOSPINSTIT Bon 6. SEX Adone d	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)  SECOUR S HOSPITAL  6. RACE  1 Legro  WIDOWED  SUAL OCCUPATION (Give kind of work)  SUAL OCCUPATION (Give kind of work)  THER'S NAME  WRENEE  S Deceased Ever in U. S. Armed Forces?  TO OT UNKNOWN) (If yes, give wor or dotes of service)  DISEASE OR CONDITION DIRECTLY	NEVER MARRIED DIVORCED SINESS OR INDUSTRY  SOCIAL SECURITY NO.	A, STATE 8, COUNT  (Newborn  C. CITY OR TOWN  BaltImore  E. STREET AND NUMBER  2025 W FAYO  8. DATE OF BIRTH  JULY 19, 1971  11. BIRTHPLACE (State or foreign  14. MOTHER'S MAIDEN NAM  JUAN 17A	PREMATURE  D. INSIDE C  YES  HE St - 2/  AGE (In years   If III    In country)   12.	IN FANT		
So. SEX OA. Ulone d 3. FA	SUAL OCCUPATION (Give kind of work) 10B. KIND OF 8U:  WINDOWED  SUAL OCCUPATION (Give kind of work) 10B. KIND OF 8U:  Uring most of working life, even if retired)  THER'S NAME  WRENCE  S Deceased Ever in U. S. Armed Forces?  or unknown) (Iff yes, give wor or dotes of service)  DISEASE OR CONDITION DIRECTLY	NEVER MARRIED DIVORCED SINESS OR INDUSTRY  SOCIAL SECURITY NO.	C. CITY OR TOWN  BOLL I IM OR C  E. STREET AND NUMBER  2025 W. FAYO  8. DATE OF BIRTH  JULY 19,1971  11. STRTHPLACE (State or foreign  14. MOTHER'S MAIDEN NAM  JUAN ITA	PREMATURE D. INSIDE C YES  HE St - 21  AGE (In years Month of the state of the stat	ITY LIMITS?  NO   2.2.3  Under 1 Yr. If Under 2 hours: A   1		
So. SEX OA. Ulone d 3. FA	SUAL OCCUPATION (Give kind of work) 10B. KIND OF 8U:  WINDOWED  SUAL OCCUPATION (Give kind of work) 10B. KIND OF 8U:  Uring most of working life, even if retired)  THER'S NAME  WRENCE  S Deceased Ever in U. S. Armed Forces?  or unknown) (Iff yes, give wor or dotes of service)  DISEASE OR CONDITION DIRECTLY	NEVER MARRIED DIVORCED SINESS OR INDUSTRY  SOCIAL SECURITY NO.	C. CITY OR TOWN  BOLT IM ORC  E. STREET AND NUMBER  2025 W FAYO  8. DATE OF BIRTH  JULY 19, 1971  11. BIRTHPLACE (State or foreign  14. MOTHER'S MAIDEN NAM  JUAN 17A	D. INSIDE C YES  HE St - 21  AGE (In years If Months in country)   12.	ITY LIMITS?  NO   2.2.3  Under 1 Yr. If Under 2 hours: A   1		
So. SEX A OA. U done d	Secours Hospital  ALE 16. RACE 7. MARRIED 1  MIDOWED 1  SUAL OCCUPATION (Give kind of work 10B. KIND OF 8U:  Uring most of working life, even if retired)  THER'S NAME  WRENCE TEAL  S Deceased Ever in U. S. Armed Forces?  TO or unknown) (If yes, give wor or dotes of service)  DISEASE OR CONDITION DIRECTLY	DIVORCED SINESS OR INDUSTRY  SOCIAL SECURITY NO.	8. DATE OF BIRTH  JULY 19, 1971  11. STRTHPLACE (State or foreign  14. MOTHER'S MAIDEN NAM  JUAN 1TA	YES  HE St - 21  AGE (In years Moint of the country)  The country is the country in coun	NO DUNDER 1 Yr. If Under 2 Anthon Days Hours A COL		
OA. U done d	THER'S NAME  SD Deceased Ever in U. S. Armed Forces?  DISEASE OR CONDITION DIRECTLY	DIVORCED SINESS OR INDUSTRY  SOCIAL SECURITY NO.	8. DATE OF BIRTH  JULY 19, 1971  11. STRTHPLACE (State or foreign  14. MOTHER'S MAIDEN NAM  JUAN 1TA	AGE (In years If In country)   12.	223  Under 1 Yr. If Under 2 hoths Doys Hours A COLUMN OF WHAT COLUMN COL		
OA. U done d 3. FA 4 5. Wo	MIDOWED  SUAL OCCUPATION (Give kind of work 10B. KIND OF 8US uring most of working life, even if retired)  THER'S NAME  WRENCE  S Deceased Ever in U. S. Armed Forces? of unknown) (If yes, give wor of dotes of service)  DISEASE OR CONDITION DIRECTLY	DIVORCED SINESS OR INDUSTRY  SOCIAL SECURITY NO.	8. DATE OF BIRTH  JULY 19, 1971  11. STRTHPLACE (State or foreign  14. MOTHER'S MAIDEN NAM  JUAN 17A	AGE (In years If Months and AGE)  n country) 12.	Under 1 Yr. If Under 2 Poys Hours A CITIZEN OF WHAT COL		
OA. U done d 3. FA 4 5. Wo	MIDOWED  SUAL OCCUPATION (Give kind of work 10B. KIND OF 8US uring most of working life, even if retired)  THER'S NAME  WRENCE  S Deceased Ever in U. S. Armed Forces? of unknown) (If yes, give wor of dotes of service)  DISEASE OR CONDITION DIRECTLY	DIVORCED SINESS OR INDUSTRY  SOCIAL SECURITY NO.	8. DATE OF BIRTH  JULY 19, 1971  11. STRTHPLACE (State or foreign  14. MOTHER'S MAIDEN NAM  JUAN 17A	AGE (In years If Months and AGE)  n country) 12.	Under 1 Yr. If Under 2 Poys Hours A CITIZEN OF WHAT COL		
3. FA	SUAL OCCUPATION (Give kind of work 10B. KIND OF 8U:  Uring most of working life, even if retired)  THER'S NAME  WRENCE  S Deceased Ever in U. S. Armed Forces? o or unknown) (Iff yes, give wor or dotes of service)  DISEASE OR CONDITION DIRECTLY	DIVORCED SINESS OR INDUSTRY  SOCIAL SECURITY NO.	11. SHRTHPLACE (State or foreign  14. MOTHER'S MAIDEN NAM  JUAN ITA	m country) 12.	CITIZEN OF WHAT COL		
3. FA	SUAL OCCUPATION (Give kind of work 10B. KIND OF 8U: uring most of working life, even if retired)  THER'S NAME  WRENCE  TEAL  S Deceased Ever in U. S. Armed Forces? o or unknown) (Iff yes, give wor or dotes of service)  DISEASE OR CONDITION DIRECTLY	SOCIAL SECURITY NO.	11. SHRTHPLACE (State or foreign  14. MOTHER'S MAIDEN NAM  JUAN ITA	E	CITIZEN OF WHAT COL		
3. FA	THER'S NAME  WRENCE  S Deceased Ever in U. S. Armed Forces? of unknown) (Iff yes, give wor or dotes of service)  DISEASE OR CONDITION DIRECTLY	SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAM JUANITA	E			
LA 5. Wo	S Deceased Ever in U. S. Armed Forces? of unknown) (Iff yes, give wor or dates of service)  DISEASE OR CONDITION DIRECTLY	SOCIAL SECURITY NO.	JUANITA		SON CAR,		
LA 5. Wo	S Deceased Ever in U. S. Armed Forces? of unknown) (Iff yes, give wor or dates of service)  DISEASE OR CONDITION DIRECTLY	SOCIAL SECURITY NO.	JUANITA		SON CAR		
5. Wo	s Deceased Ever in U. S. Armed Forces? or unknown) (If yes, give war or dates of service)  DISEASE OR CONDITION DIRECTLY	SOCIAL SECURITY NO.		120 BIN S	ADDRESS		
5. Wo	s Deceased Ever in U. S. Armed Forces? or unknown) (If yes, give war or dates of service)  DISEASE OR CONDITION DIRECTLY	SOCIAL SECURITY NO.			ADDRESS		
	O OF UNKNOWN) (If yes, give wor or dotes of service)  O O O O O O O O O O O O O O O O O O O	CAUSE OF DEAT					
Yes, no	DISEASE OR CONDITION DIRECTLY						
-,-	DISEASE OR CONDITION DIRECTLY						
18.		Fr 20 6			APPROXIMATE INTER		
	LEADING TO DEATH	6.4.7	Bleedun				
		USE					
	(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,						
	ijury or complication which coused deoth.)	Q. A	tude:				
	ANTECEDENT CAUSES	Down	, rac rd				
D	ISEASES OR CONDITIONS, if ony, giving	(8)	A CONSEQUENCE OF:				
	se to the obove couse (A) stoting the	ספר וס, סוג אס	A CONSEQUENCE OF				
U	NDERLYING CONDITION lost.	(c)		********************************			
	0.50						
OO	THER SIGNIFICANT CONDITIONS CONTRIBUTING		,		the state of the		
A DI	D THE DEATH BUT NOT RELATED TO THE TERMINAL SEASE OR CONDITION GIVEN IN PART 1 (A).		*************				
U 19	A. DATE OF OPERATION 198. CONDITION FOR WHICH	CH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDI	NGS CONSIDERED		
ATE	) WAS FERFORNIED		Ne	IN CERTIFIING CAUSES	OF DEATH?		
U 21	A. ACCIDENT WAS UNDERLYING 218. PLA R CONTRIBUTING CAUSE OF home, for	CE OF INJURY (e.g., i	in ar about 21C. WHERE DID	(If in Soltimore City	, give exact location)		
₹ DI	EATH (notify medical examiner)	onn, lociory, sireet, o	mice ologi, mount occur:				
0 21	D. TIME (Month) (Doy) (Year) (Hour) 21E, INJ	URY OCCURRED	21F. HOW DID INJU	BY OCCUP?			
N 01	FINJURY			AT JCCOR:			
(A	PPROX.) Work	At Work			1 84		
22	. I certify that (I) (this hospital) attended the d	eceased from 1	19 19	7 to 7/10	10		
	at (I) (we) last saw the deceased alive on 84		21	in(my) (aur) apinian	death occurred as the		
1		.,		m (my) (doi) apintan	acom occorred an in		
	haur and fram the causes stated above. (1) (W	e) (did) (dld not) v	view the bady after death.				
23.	A. VIGNATURE	N	/		DATE SIGNED		
-	Thele I I halon h	DEGREE Phy		taff hys. $\square$	112011		
23	C. PHYSICIAN'S		23D. ADDRESS		7		
	NAME (Type)		Bon Se	cours your	tal		
14 0	IIDIAI COFMATION 240 DATE	DEGREE	EM ATORY 1915				
	EMOVAL (Specify)		4 4	CATION (City, to			
Cr	emation 7.21-71 Bu	n Seesus	Hope yet Ba	ltiming Ho	1 5/25		
5A. D	DATE REC'D SY HEALTH DEPT. 258, NAME OF R	EGISTRAR	25C. FUNERAL DIRECTOR	OLT DECES	ADDRESS		
	HH 28 9079 P.R. A.E. Jak.	ALD O O	a HOSPII	L'AL DISPOS.	AL		
E 150							
R	ematism 7.21-71 Bu	of CEMETERY of CRI	Hope for Ba	eltimon to			

IMPORTANT

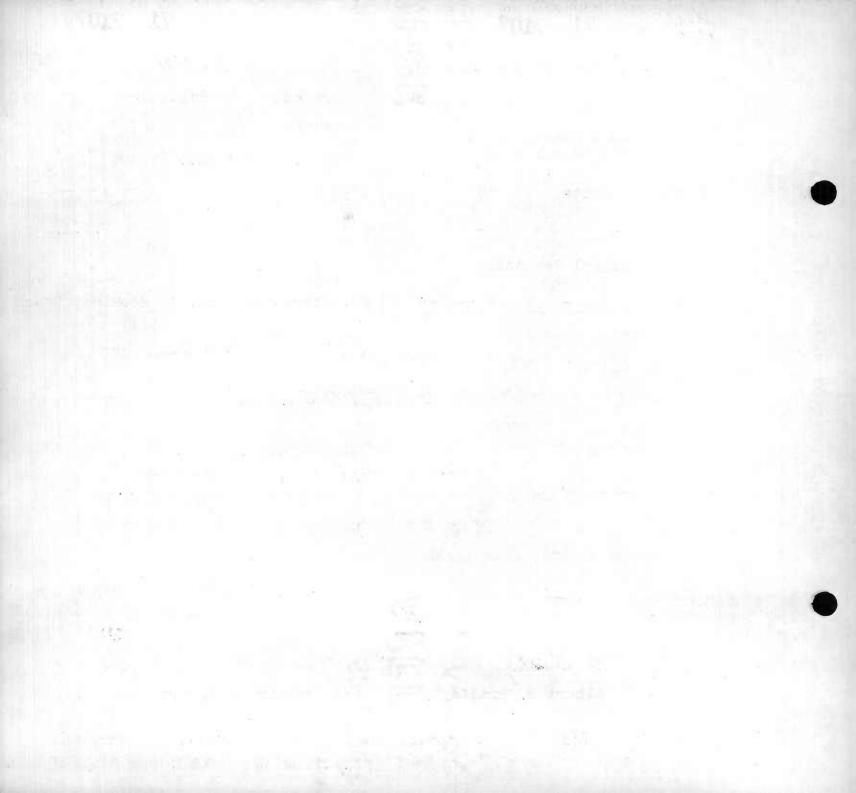
FUNERAL DIRECTOR:



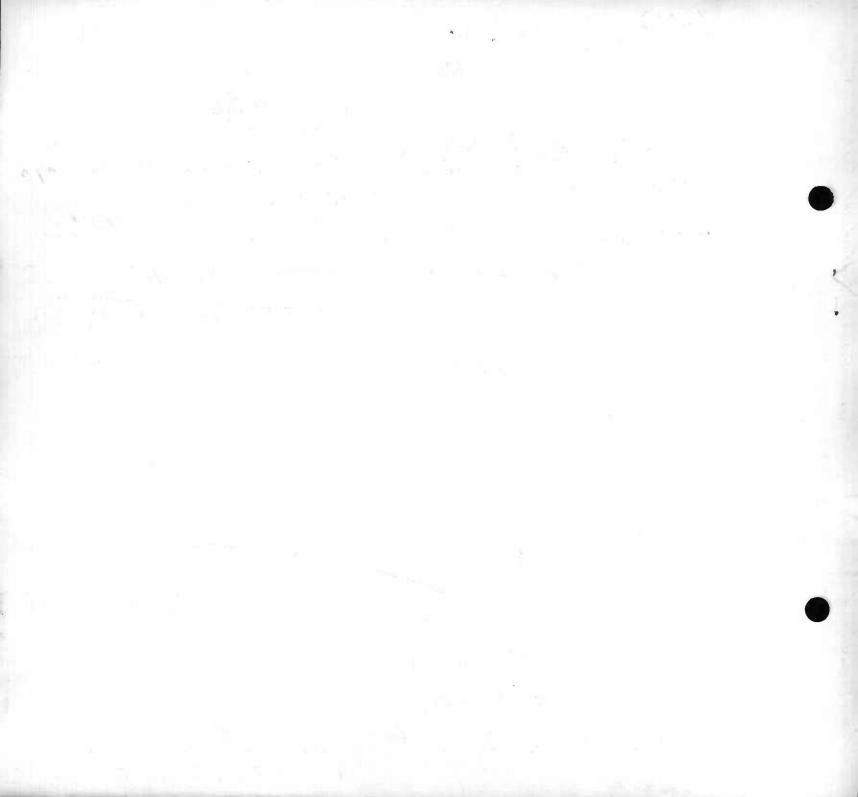
VS 150-REV. 1/1/68

Such

1/ 100		BALTIMO	RE CITY HEALTH DEPART	MENT ,		
K-422	71	7107 CERTI	FICATE OF DEA	ATH REG. NO.	71 7107	
INAME OF DEC	EASED	EVA KA	IKOWSKA 2.	DATE AND HOUR OF DEAT	H 0 30.	
Type or Print)	EVA 1	KALKOWSKI		7/27/	7/ AM	
PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDE	NCE (Where deceased lived, If B, COUNTY	institution: residence before admission)	
Gould Nursing Home 6116 Belair Road			EET Maryla	Maryland Baltimore 5300		
			C. CHY OR TOWN		ISIDE CITY LIMITS?	
			Rosedal		YES NO 🖹	
				E. STREET AND NUMBER		
SEX	6. RACE			ummit Avenue	21206  If Under 1 Yr. , If Under 24 Hrs.	
Female	White	WIDOWED DIVOR	CED 4/3/85	last birthday)	Months Days Haurs Min.	
	UPATION (Give kind of war working life, even if retired)	rk 108. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (St	ate ar fareign country)	12. CITIZEN OF WHAT COUNTRY	
Housewife -			Mar	yland	U.S.A.	
3. FATHER'S NA	ME		14. MOTHER'S MA	NIDEN NAME		
	Michael Sz	ymanski	Leon	a Wlodarek		
5. Was Deceased	Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT		ADDRESS Ave	
es, no or unknown	- Great was all date			Chrusniak, 64		
18.///	9400	CAUSE O			APPROXIMATE INTERVAL	
DISEA	SE OR CONDITION D	IRECTLY	0	2/	BETWEEN ONSET AND DEATH	
Disca	LEADING TO DEATH		117.	e sike TD.		
(This does	nal meon the made a		DIATE CAUSE CONSEQUENCE OF	uni / some (Mo	me	
heart failure,	asthenia, etc. 11 mean	s the disease,	D, OK AS A CONSEQUENCE OF			
	nplication which cause					
	ANTECEDENT CAUSE	(B)	Comband altino	nhumi	you	
	OR CONDITIONS, if a bave couse (A)	4.177 giving	O, OR AS CONSEQUENCE	OF:		
	G CONDITION last.	(C)				
	- 11	(Man)	: Chroni Brown	· Smules		
	FICANT CONDITIONS CO		Ploit D	6 = D.		
	TH BUT NOT RELATED TO CONDITION GIVEN IN PA		marins   policims	your presents	master	
	OPERATION 198. CO	NDITION FOR WHICH OPERATION REPORMED	ON 20A. AUTOPSY?	(Yes at Na) 20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
21A. ACCIDE	NT WAS UNDERLYING	218. PLACE OF INJU	RY (e.g., in or about 21 C. WHE street, affice bldg., INJURY C	RE DID (If in Baltim	are City, give exact location)	
DEATH (natify	UTING CAUSE OF medical exominer)	etc.)	street, affice bldg., INJURT C	CCO K!		
21 D. TIME	(Manth) (Day) (Year	Haur) 21E. INJURY OCCUI	RRED 21 F. HOW	V DID INJURY OCCUR?		
OF INJURY		While At	Nat While			
			At Wark	/ 3.	2/22/ 21	
22. 1 certify	that (I) (this bearing	al) ottended the deceosed fr	1-1-	6/ 19/0 to	// 4// 19//	
that (I) (we)	lost saw the deceas	sed olive on	1921	ond that in(my) (عسم) ه	pinion deoth occurred on the dat	
ond hour on	d from the causes sta	oted above. (I) (Wa) (did) (di	view the body ofte	er death.		
23A. SIGNATU					23 B. DATE SIGNED	
1111	5 B B.	11.	Attending Med.		7/22/21	
23C. PHYSICIA		DE	23D. ADDRESS	rnys.	1121111	
NAME (1		B. Bradley		lair Road.Bal	timore, Md. 21206	
44 0110141 605			DEGREE			
REMOVAL (	MATION, 24B. DATE Specify)	24C. NAME of CEMETER	CT OF CREMATORY	24D. LOCATION	City, tawn, or county) (State)	
Burial	1 7/30/	71 St. Stanis		Baltimore,	Maryland	
SA. DATE REC'D	BE HEALTH DEPT.	25B. NAME OF REGISTRAR	2SC. FUNERAL	DIRECTOR	ADDRESS	
1111 28	12m (2.0. 0	IF TO MA	O M. F. SAI	QWSKI & SONS,	1808 EASTERN AVE	

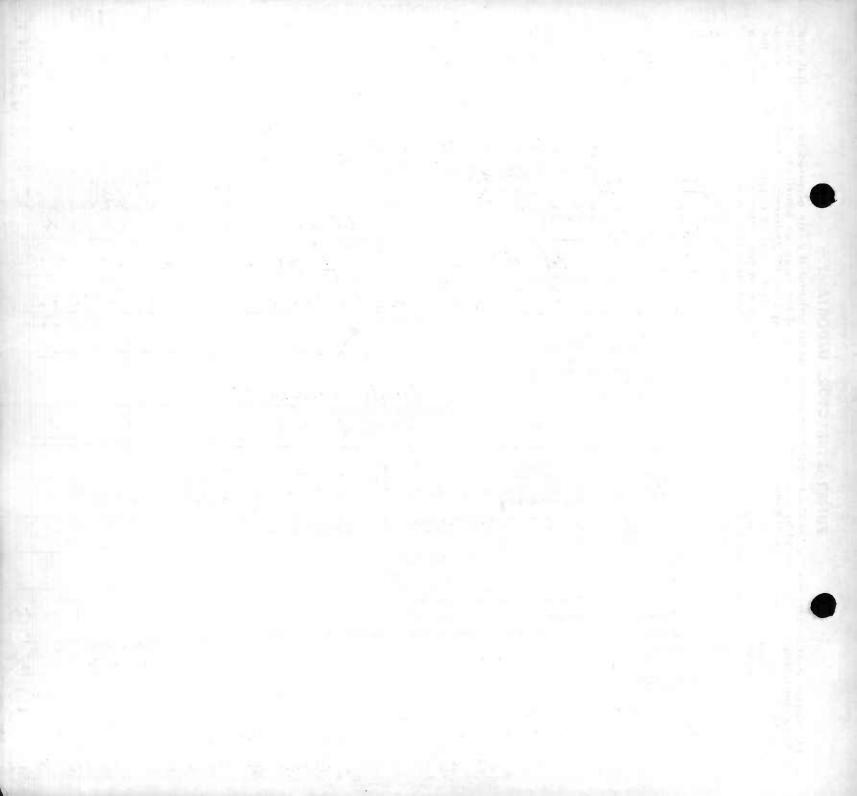


		BALTIMORE CITY HEALTH DEPARTMENT
	7.50.5	RIPTH NO. 72 J. 7108 CERTIFICATE OF DEATH REG. NO. 71 7108
	and eatl ase th th	INAME OF DECEASED
	- 70 0 5	(Type or Print) MARIAN POR COLOR N. T. A. A. A.
Ļ	h . e . t	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence below admission)
) :- ·	5 00	A. STATE B. COUNTY
}	hos (5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
ž.	1000	INSTITUTION D. INSIDE CITY LIMITS?
£	E 2 2 1 2	MARYIAW GOVERNI E. STREET AND NUMBER
2	בים ס פים .	
U	a p a de	5. SEX 6. RACE 7. MADDIED 7. NEVED MADDIED 7. 8. DATE OF BIRTH 19. AGE (in years 11 Under 1. Yr. 11 Under 24 Her
	ad in it	Markied Never Markied Never Markied Notice 1 Montage 14 His.
7	oconnature or regards	WIDOWED DIVORCED   ///3 D// 5 5
0	H L L	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY?
B	de de tric	MED REC. 4B HOSPIPAL PENNA USA
7	D + D 0 0 0 0	13. FATHER'S NAME
C	if (4) www the the spoo	STEPHEN D. FINNEY HILDA HOTAMAN
( Z	49 34 69	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
2 . ₹	starrind ind leat	(Yes, na or unknown) (If yes, give wor or doles at service) SECURITY NO.
9 - 2	ssiss the the the the deline deline fine	NO 211-10-8083 HUGHES FUNDAL HEIRE
200	if if	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7 3	so, of or of the	DISEASE OR CONDITION DIRECTLY
( =	Ma Se Al	(A) IMMEDIATE CAUSE TO WORK HE TO STUDY
	par par	hearl failure, asthenia, etc. It means the disease,
( ) C	a con a con a	injury or complication which caused death.)
ろ E	tr fr eg	ANTECEDENT CAUSES (B)
<u> </u>	X X X X	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
~ ~	To S Fri S	UNDERLYING CONDITION last.
10	Callical Straight Str	
2 7	y Sirich	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
00	E d d d d a n a a n a a n a a n a a a a a	
9	the da	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION  20A. AUTOPSY? (Yes of No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 121B. PRACE OF INJURY (e.g., in or obout 21C, WHERE DID.
0	4 × m + × 0	E 26-4-1 L+ lung. eston YES
A T	the (2)	
	2 2 2 2 2	S DEATH (notily medical examine) No - etc.)
3	d by sspiror ture ture (6) P	21D. TIME (Month) (Day) (Yeo) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?
3	ho ho ho d'ép d'ép d'ép d'ép d'ép d'ép d'ép d'ép	(APPROX.) (-20-7/ While At Work At Work At Work At Work
\	ot x x but	
0	d+ 50 00	22. I certify that (I) (this hospital) attended the deceosed from 6.20 1971 to 7.26 19/1
5	5 5 5 5 d	that (1) (we) lost sow the deceased alive on
ease	st be a dest t dent of ospital death) nust b	and hour and from the causes stated above. (1) (We) (dld) (dld not) view the body after death.
	leased leased lident o hospita o death	23A. SIGNATURE 23B. DATE SIGNED
0)	E C C C C C C C C C C C C C C C C C C C	Attending Med. Stoff Phys. 7-26-71
$\subset$	s re	23C. PHYSICIAM'S 23D. ADDRESS 23D. ADDRESS
	was An An Pric	MAME (Type) C. GAKUBA. MGH
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	E-1000	REMOVAL (Specify)
	bod bod ws: s D.C sease	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
	This certifue body shows: (1) was D.O. deceased written a	On all the state of the state o
	W > U >	18 MA Closed En The Towson, Pld.
		43 134 M 1700

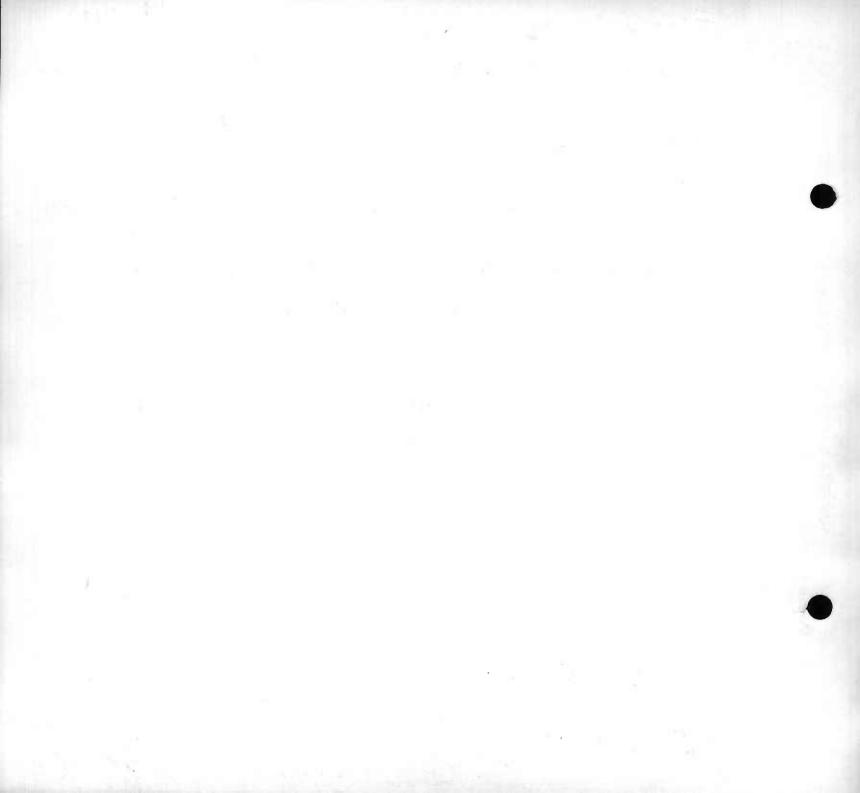


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT	1	74 84.00
# 1-600 71 7109	CERTIFICA	TE OF DEATH	REG. NO.	7 /109
INAME OF DECEASED TRY MERCE	YI.	2. DATE AND	Z5-19	7/1255 Am
3. PLACE IN BALTIMORE MARYLAND, WHERE PRON	OUNCED DEAD	A STATE B COUNT	deceased lived. If ins	titution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	ITUTION, GIVE STREET	PEMMA.	DE110	DE CITY LIMITS?
11-11	1/	DEITA-	YORK	YES NO 🔀
UNION MEHORI	al Hospital	E. STREET AND NUMBER		· ·
	NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	Maniha Days Hours Min.
MIDOWE		11 BIRTHPLACE (Stole or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)		MARTI	1000	U-S.A.
TCAAC MOR	210	14. MOTHER'S MAIDEN NAM		LIATCALL
+0/1/10			RENZ	ADDRESS
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	Mrs. Neal Kil	gore, R.D.	
18.250.91	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		Clark.		
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease	(A) IMMEDIATE CAU	A CONSEQUENCE OF:		
Injury or complication which caused death.)	^ ^	+ 10 - 7	-	
ANTECEDENT CAUSES	(B) DUE TO OR AS	A CONSTOURNE OF	les	
DISEASES OR CONDITIONS, If any, giving the to the above cause (A) stating the UNDERLYING CONDITION last.	ie (c)	abeles mall	li	
Z CONTRIBUTION CONTRIBUTION	10	00.	1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA ODISEASE OR CONDITION GIVEN IN PART 1 (A).		perhipider	ud,	
19A. DATE OF OPERATION 19B. CONDITION FO	WHICH OPERATION	20A. AUTOPST? (Yes or No.)	20R, IP YES, WERE P	INDINGS CONSIDERED JSES OF DEATH?
OR CONTRIBUTINO CAUSE OF	18. PLACE OF INJURY (a.g., i ome, form, factory, street, o Ic.)	n or about 21C. WHERE DID	if in Baltimore	City, give exact location)
21D.TIME (Month) (Doy) (Year) (Hour 2	E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
3 (4 ppp av)	While At Werk Not While At Werk	· 🗆		
22. I certify that (1) (this hospital) attended	the deceased from		9to	19
that (1) (we) last saw the deceased alive at			it in(my) (our) apir	nian death accurred on the date
and hour and from the causes stated abave.	(1) (We) (did) (did not)	view the body after death.		23B, DATE SIGNED
23A. SIGNATURE	Day.	ending Med.	Staff Phys.	2-52-)/
23C. PHYSICIAN'S NAME (Type) A L / K 2	No.	23D. ADDRESS	on h	REALONA Kespit
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (Cit	y, town, or county! (State)
Burial 17-28-7/ +	ne Grove Chur	ch Cemetery Su	unnyburn,	York Co. fa.
JUL 28 1971 Les 258, NAM	e of registrar	25C, FUNERAL DIRECTOR	t. Harkin	s Delta, Pa.
VS 150-REV. 1/1/68				



7-260 MA 17440 CF	TIMORE CITY HEALTH DEPARTMENT 7110
BIRTH NO. 71 7110 CE	RTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
TYPE OF FLORENCE FISHER	7/20/71 11:224
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV	1 44 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN TRACER D. INSIDE CITY LIMITS?
MARYLAND GENERAL H	LEN HILLENDALE COURT YES IN NOT
MARYLAND GENERAL A	E. STREET AND NUMBER
4-8	Route 140
5. SEX 6. RACE 7. MARRIED NEVER	
	VORCED X 1 11/44/86 85
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY
SEWING	- BALTIMORE MO U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES LEDWARD	
EW B	
Yes, no of unknown) (If yes, give wor of doles of service)  16. SOCIAL SECURI	
2/6/1	02663 Vach Heddin
18. / // // CAU	SE OF DEATH // APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	MMEDIATE CAUSE COSES
	UE TO, OR AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES	(Harries lized Mitros trops
DISEASES OR CONDITIONS, if any, giving	UE TO, OR AS A CONSEQUENCE OF:
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost, (C)	Co M Bross T
(0)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	RATION   20A. AUTOPSY? // SS or No. 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF home, form, fool	INJURY (e.g., in or obout 21C, WHERE DID (If In Bollimore City, give exact location)
■ IDEATH (notify medical examined letc.)	ory, street, office bldg., INJURY OCCUR?
OF INJURY	
(APPROX.) While At Work	Not While At Work
22. I certify that (1) (this hospital) attended the decease	d fram 1/20/7/ 19 7/ to 7/20/7/ 19 //
that (1) (we) lost saw the deceased alive on 7/20/	(1120 Am) 19 71 and that In (my) (aur) apinion death occurred on the date
and hour and from the causes stated above. (1) (We) (dld)	
23A. SIGNATURE	(Clid ital) Year the body differ death.
Harris ( Change )	Attending Med. State 1/20/7/
23 C.J. MY SI CIAN	DEGREE Phys. Director Phy
NAME (Typ)	MD 23D. ADDRESS
1080 NGG (, ) A MAKE	5 DEGREE
PEMOVAL (Specify) 248. DATE 24C. NAME of CEM	ETERY OF CREMATORY 24D. LOCATION (Ofly town, or county) (Stote)
Multil July 16! Inme	ancel Halle Cetter
SA. DATE REC'D BY HEAVY DERT. 258 NAM DE REGISTRAL	R 25C. FUNERAL DIRECTOR ADDRESS
111 28 1971 Vagus 2. 1200	U 0 0 Bul 2/2 10 Car 21 1 0 Rd -
/S 150-REV. 1/1/68	119 7 Harrior 6603 Harriord 160



VS 150-REV. 1/1/68

8/2/71 - Correction form from funeral director.

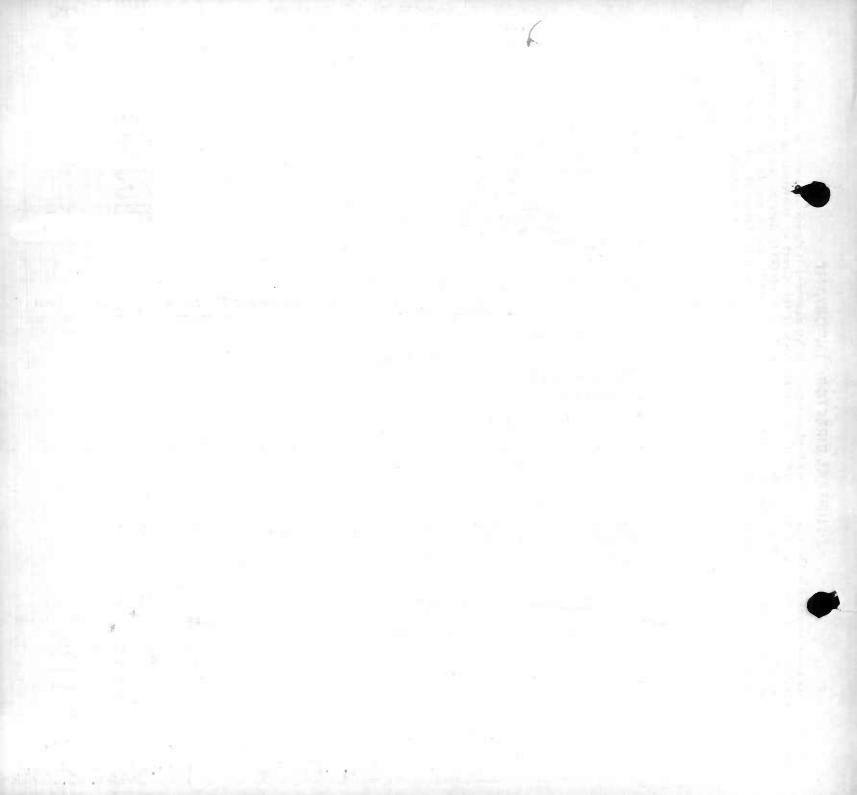
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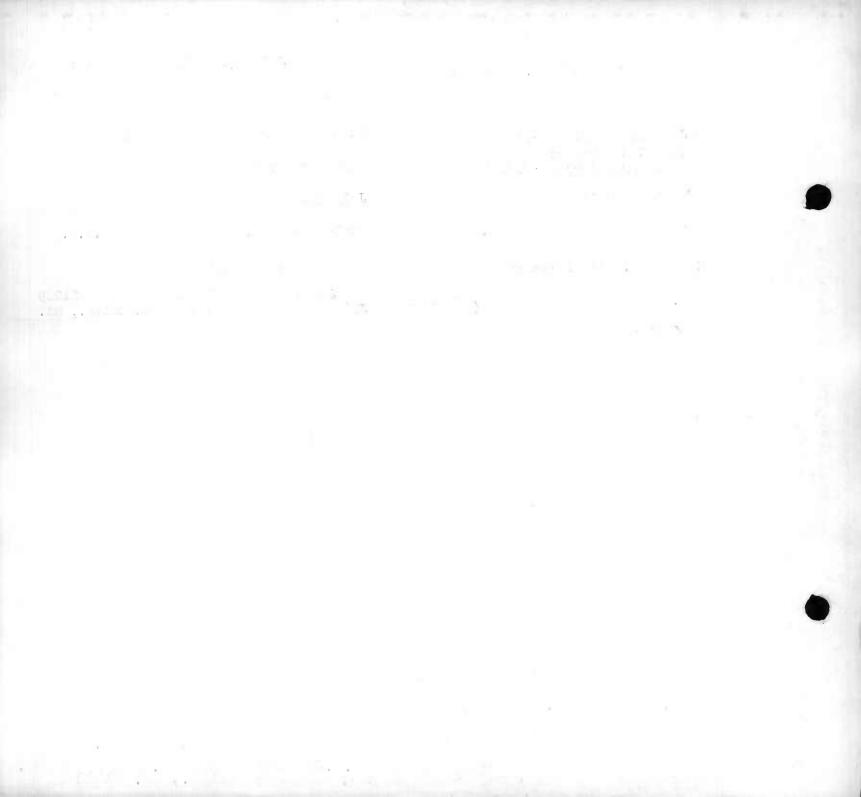
HO

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 30 Burial Gettysburg National Gettysburg Pa 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Co.4905 .Jenkins & Sons VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be age the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death); written approval must be

#-30	2 71	711	7	HEALTH DEPARTMENT	REG. NO.	71 7113
BIRTH NO.			CERTIFICA			
(Type or Print)	Miss Elle	S. Hite	heoek	July	26, 1971	10:00 A
3. PLACE IN BAL	TIMORE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. II i	institution; residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Maryland		2755
INSTITUTION				(City) Baltimo	D. IN:	SIDE CITY LIMITS?
	as Memorial H	ospital		E. STREET AND NUMBER		YES X NO
	Caton Avenue					
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Female	White	WIDOWED	DIVORCED	July 31, 1884	last birthdoy)	Months Doys Hours Min.
done during most of	JPATION (Give kind of war working life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
Libraria	un	Balto	. City	Baltimore, Md		U.S.A.
13. FATHER'S NAM				14. MOTHER'S MAIDEN NA	ME	
Charles	Edward Hitch	cock		Kate	Bartol	
15. Was Deceased	Ever in U. S. Armed Fer	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No.	/ g s wor dr dole	- di serrice/	SECURITY NO. 220-44-5286		morial Hosp	
18. 4/1/	001		CAUSE OF DEATH	01)	1000 Caton	Ave. Balto., Md.
DISEAS	E OR CONDITION DI	DECTI V	Chart of Beat	6		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	MEC 121		-Demonde	Va dos	0.0
(This does no	of maon the made of	dying, e.g.,	DUE TO, OR AS	SE CONSEQUENCE OF:	CYCUS ACI	1036 10000
injury at camp	aslhenio, etc. Il means plication which caused	the disease, death.)		0		
A	NTECEDENT CAUSES		00			
DISEASES O	R CONDITIONS, IF	any aivina	(B) DUE TO OR AS	A CONSEQUENCE OF:		***************************************
risa la lhe	above cause (A)	stating the		) sometabling on		
UNDERLYING	CONDITION last.	1007	(c)			*************
z	11					
E TO THE DEATH	CANT CONDITIONS CO	HE TERMINAL				
	OPERATION 198 CON	Τ I (Δ).	WHOM AREA - 1011	100.4	·	********************************
THE O	WAS PERI	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTE	T WAS UNDERLYING TING CAUSE OF medical examined		e, form, loctory, stract, all	or obout 21 C. WHERE DID	(II in Boltimo	re City, give exact location)
THE INTUINE	(Manth) (Doy) (Year)	(Haud 21E	INJURY OCCURRED	21F. HOW DID INJI	URY OCCUR?	
(APPROX)		Whi	la At Work			
22. I cartify t	that (1) (this hasnisal		e deceased from		10/ 5/	1.6
that (IV/we)	last saw the decease	d altus /	deceased from	. ( )	19 ta	19
/ () .	and the second s		N )		at In(my) (our) apl	nion death accurred on the date
23A SIGNATUR	tram the causes stat	ed abaye. (I	) (We) (did) (did nat) vi	ew the bady ofter death.		
237 SIGNATUR				1 1		23B, DATE SIGNED
Here	LOWER JU	LVKa	DEGREE Phys.		Staff Phys.	26 July 71
23C. PHYSICIAN NAME (Ty	Pe)	(		3D. ADDRESS		
	aurence R.	Galla	ger	Jenkins Men	morial Ho	spital
24A. BURIAL CREM	AATION, 248, DATE	24C. NA	ME el CEMETERY OF CREA			ity, town, or county! (State)
Burial	7/28/	71 G	reenmount	Ro	ltimore.	
25A. DATE REC'D		258. NAME 0				Md .
1111 2.8 1	971 Robert E		d 3 db	H.W. Jenkins	& Sons C	o. 4905 York Rd.
VS 150-REV. 1/1/6		derest?		114	Balto.	Md. 21212



BALTIMORE CITY CERTIFICA

HEALTH DEPARTMENT	1 1244
TE OF DEATH REG. NO.	1 7114
2. DATE AND HOUR OF DEATH July 26, 1971	90°P
4. USUAL RESIDENCE (Where deceased lived, II inst A. STATE B. COUNTY Maryland	itutian: residence pefare admissian)
Baltimore	E CITY LIMITS? YES** NO
E. STREET AND NUMBER 309 E. University Parkv	vay
12-17-1001   89	If Under 1 Yr. If Under 24 His. Manths Oays Haurs Min.
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baltimore, Maryland	U.S.A.
14. MOTHER'S MAIOEN NAME	
Catherine Montgome	ry
17. INFORMANT	ADORESS PKWy.
Miss Agnes O'Brien 309	E. University
(A)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
lolery Salo as	,
CONSEQUENCE OF:	
A CONSEQUENCE OF:	***************************************
	***************************************
20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
or about 21 G. WHERE OID (If In Baltimore Coe bldg., INJURY OCCUR?	City, give exact lacation)
21F. HOW OID INJURT OCCUR?	0
196/19 10	de 26 10 4/

and that In (my) (and of internal and the date ylew the body after death. 238, DATE SIGNED Hending )

		DDRESS		
h	5	006	Roland	Aver

Med.

	5006	Roland	Avenue
E			

24D. LOCATION (City, town, or county)

New Cathedral Cemetery

Balto.,

Md.

(State)

VS 150-REV. 1/1/68

25C. FUNERAL DIRECTOR H. W. Jenkins & Sons Co. 4905 York Road Balto., H 4905 Co. Md. 21212

Staff Phys.

AODRESS



	117-1/2	77	71 71	115	BALTIMORE CITY	HEALTH DEPARTMENT		lent all	Made to
211	RTH NO.	Paradia.	130	TO	CERTIFICA	TE OF DEATH	REG. NO.	/1	7115
	NAME OF DEC	FACED							
(Ty	pe or Print) W_	LLIAMSO	SYLVESTE			7/2	and Hour of DEA		5:30 P
3.	PLACE IN BALT	TIMORE MAR	YLAND, WHERE	PRONOU	NCED DEAD	4. USUAL RESIDENCE (V	Where deceased lived, I	l institution:	residence belore admission)
FL	ILL NAME OF	(IF NOT I	IN HOSPITAL OR	INSTITU	TION, GIVE STREET	Maryland	Haple .		804
IN	STITUTION	~~ (	4.2			C. CITY OR TOWN	D. 1	NSIDE CITY	_
	25				ion Hospital	E. STREET AND NUMBER		YES	NO
9			ch Raven						
5.	SEX	Baltimo	re, Maryl	and	21.218		tford Ave		
	Male	Negr	O WID	OWED		)1/77/77	9. AGE (In years lost birthdoy)	Months	er 1 Yr. Il Under 24 Hrs. Days Hours Min.
10/	. USUAL OCCU	JPATION (Give	kind of work 108, KI	ND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country!	12. CIT	ZEN OF WHAT COUNTRY?
	Charue	_	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Burmingham	Aaa	USA	
13.	FATHER'S NAM		1			14. MOTHER'S MAIDEN		ODA	•
	Chet	William	S			Helen Will:			
5. Ye	Wos Deceased s, no ar unknown)	(If yes, give v	Armed Forces? wor at dotes of se	rvicet	16. SOCIAL SECURITY NO. 218-36-8040	VA Hospita			ADDRESS
_		2/41/24	- 3/9/50			3900 Loch Ra	ven Blvd., E	Balto.,	
	18. 426	5XI			CAUSE OF DEAT	Н			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDI LEADING TO	TION DIRECTLY	,					
			mode of dying,	0.0	(A) IMMEDIATE CAU	se Congestive	heart fail	ure	+ months
	heart failure, a	aslhenia, elc.	it means the di	seose,	DUE TO, OR AS	A CONSEQUENCE OF:			
			th caused deoth.						
		NTECEDENT			(B) Cardio	mvona thy			at least 7 mO
	DISEASES O	OR CONDITIONS, if any, giving the above cause (Ai stoting the			MYODA THY A CONSEQUENCE OF:				
	UNDERLYING	CONDITION	use (Ai stoting Linet	the	(c)				
		44	1036		(c)				
Z	OTHER SIGNER	CANTCONDIT	IONS CONTRIBU	TINIC	Probable	pulmonary embe	olism		
일	TO THE DEATH	BUT NOT REL	ATED TO THE TERM	INAL	Gangrene	of feet			
S	19A. DATE OF	OPERATION	EN IN PART 1 (A).	FOR W	HICH OPERATION	20A-AUTOPSY? (Yes or	No. 208. IF YES, WEE	E EINDING	CONCIDERED
ERTIF	2		WAS PERFORMED	)		Yes	IN CERTIFYING	AUSES OF	DEATH?
ັບ	21 A. ACCIDEN OR CONTRIBUT	T WAS UNDE	RLYING	218, P	LACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltin	nore City, gli	re exoct location)
ICAL	DEATH (notify	medical exomi	n er)	etc.)		fice bidg., INJURY OCCUR?			
AED	OF INJURY	(Month) (Do)	of (Yearl (Hour		NJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
<	(APPROXI			White	At Work				
	22. i certify t	that (1) (this	haspital) atten	ded the	deceased from J	ine 22nd	_19 71taJU	11 231	rd 19 71
	- 2		deceased alive		July 23rd	19. 71 and		pinian dea	th accurred an the date
	and haur and	from the car	uses stated abo	ve. (1)	(We) (did) (A)(d/n/oy) v	iew the bady after deat	h.		
	23A. SIGNATUR	RE	// :	-	11			23 B. DA	TE SIGNED
1	PALLA	AMALA	Him	4 04		nding Med. Director	Staff Phys.	7	/28/71
	23C. PHYSICIAN	4.2	/ 1000	MACI	DEOREE	3D. ADDRESS	Tily se The		120/12
	NAME (Ty		AT ATTOTIST TA	TO RE	n	3900 L	och Raven Bo	oulevar	rd
24.6	BURIAL CREA		N AVRUNIN		ME of CEMETERY of CRE	Baltim	ore, Marylar	nd 2127	18
	REMOVAL (S	pecifyl		, NAM	O CENTELEKT OF CRE	MATURT 24D	LOCATION	(City, town,	or caunty) (State)
1	June	0 1-	-30-7/	Un	linger //s	alwellen.	1 A		·Un·
25A	DATE REC'D	BY HEALTH D	0		REGISTRAR	25C FUNERAL DIRECT	9R	/	ADDRESS
	JUL 20	0 19/1	Jaban E.	Jarle	y K.D.	clienti	Torred H	me-11	JOD Carpens
e	150-DEV 1/1/6								



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO. BIRTH NO. I. NAME OF DECEASED 2. DATE Known Day Year Hour (Type or Print) OF 23 10:05 am 71 Mary Lewis Estimated | DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAC DATE Month Day Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 23 10:05 a 71 HOSPITAL OR INSTITUTION ADDRESS OR LOCATION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) 3703 Bowers Ave. B. COUNTY 6. SEX 7. RACE C. CITY OR TOWN 8. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS? female Negro Balto. WIDOWED [ DIVORCED W NO T 9. DATE OF BIRTH 10.AGE (In years lost birthday) If Under I Yr. II Under 24 Hrs. Months | Days | Hours | Min. E. STREET AND NUMBER Ma. 29 52 5432 Price Ave. II. BIRTHPLACE (State or foreign country) 12. CITIZEN-OF 3. FATHER'S NAME WHAT COUNTRY? 14AUSUAL OCCUPATION (GIVE kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during man of working life, even il retired) 16. TVAS DECEASED EVER IN U.S. ARMED FORCES?
(Yet, no or unknown) (II yes, give war or dotes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Tuberculosis of adrenals and lymph nodes LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenia, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B)\_\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Baitimore City, give exact location) home, farm, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy)
OF INJURY (Year) (Hour) 22E,INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) 23. I certify that I held an Autopsy XX Inquiry Inspection and that on this basis, death in my opinion

resulted from: Natura Deauses Accident Sulcide Homicide \_\_\_ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. **EXAMINER'S** Peter Lipkovic, M.D. 7/23/71 ASSOCIATE MEDICAL EXAMINER NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** VS 151-REV. 1/1/68

Letter from M.E.'s office 10-5-71 M.H.

B- 300 /1 7117 BALTIMORE CITY HE	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
I. NAME OF DECEASED	
(Type or Print) AlonzoBoyd	OF 7 10 71
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 7 19 71 1:15 P. M.
2608 Spring Hill	S. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  A. STATE  B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES ☒ No ☐
9. DATE OF BIRTH   10. AGE (In yeors   16 Under 1 Yr. If Under 24 Hrs.   10st birthdoy)   Months   Doys   Hours   Min.   21	E. STREET AND NUMBER  2608 Spring Hill
11. BIRTHELACE (Sible or loreign country)  12. CITIZEN OF	13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
and during most of working title, even it retired):	Hand Inelman)
(Nest Deceased EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT ROLL 3854D. A.M. N
19. > CAUSE OF DEAT	TH APPROXIMATE INTERVAL
00011	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE C	AUSE Undetermined cause of death
heart lotture, osthenio, etc. it means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (R)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	e alcoholism
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED   21. AUTOPSY? (Yes or No)
	Yes
228. PLACE OF INJURY(e.g., home, form, foctory, street, olfice	In or shout 22C, WHERE DID (II in Rollimore City, sive exect lession)
22D. TIME (Month) (Dov) (Year) (Hour) 122E INTURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE
23. m. WORK AT W	UKK []
l certify that I held on Inquiry Inspection Aut	opsy 🔀 ond that on this basis, death in my opinion
resulted from Natural causes Accident Suicid	e Homicide Undetermined monner
De De	puty CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 7-20-71
NAME (Type) Werner H. Spitz, M.D.	
REMOVAL (Specify)  24B. DATE  24C. NAME of CEMETERY of	or CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUL 28 1971 Pole & Sa Rey M.D.	Clitt French Home 11297 Carlin
VS 151-REV. 7/1/68	

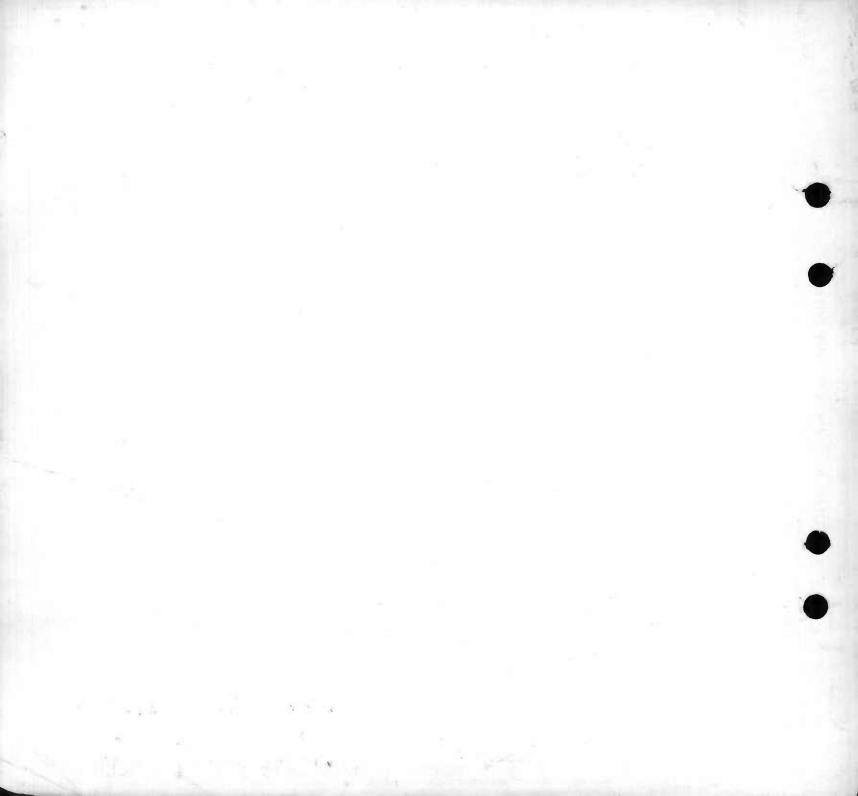
9/13/71 - Letter from M.E.O.

Ape

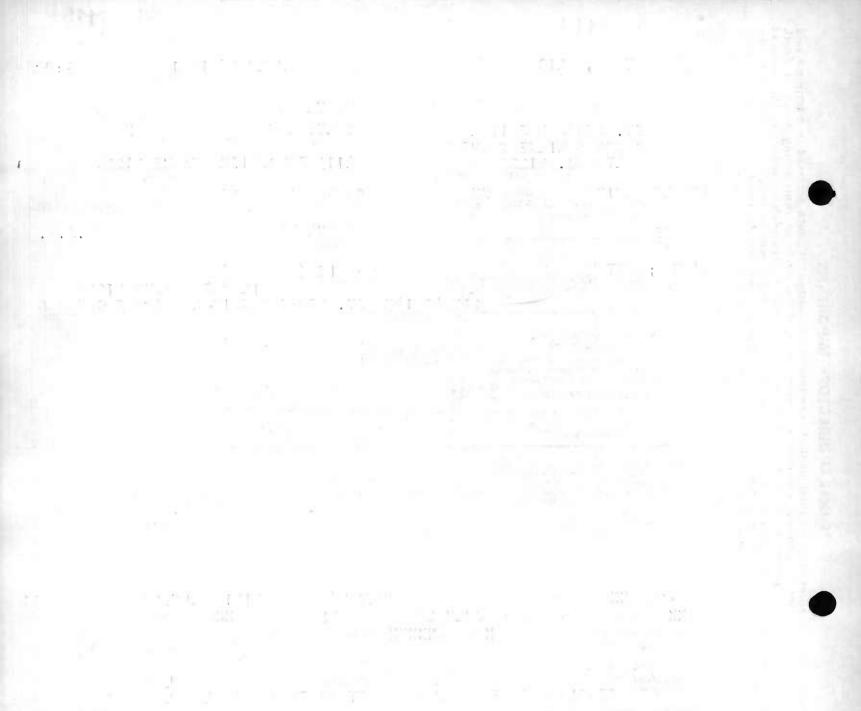
IMPORTA

FUNERAL DIRECTOR:

11	4-252	BALTIMORE CITY	HEALTH DEPARTMENT	of sp	
	71 7118	CERTIFICA	TE OF DEATH	REG. NO.	71 7118
	Pe or Print	0.150	2. DATE AND H	OUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	7-11.		19.00P.
1			4. USUAL RESIDENCE (Where de		1113
H	JLL NAME OF OSPITAL OR INST	ITUTION, GIVE STREET	MD BAI	LTIMORS	5. 110-
IN	Sillidion		BALTEMORS		CITY LIMITS?
17	6 nn 1 / 2	0.1	E. STREET AND NUMBER	. YE	NO NO
L	MICH FENE	RAL	712 CATHE	ORAL .	ST.
5.	SEX 6. RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH 9. A		Under 1 Ys. if Under 24 His.
Ļ	WIDOWEI		11-17-12	T 8	ollins Days Floors Ivilin.
do	LUSUAL OCCUPATION (Give kind of work 10B, KIND ( de during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or lareign c	ountry) 1:	2. CITIZEN OF WHAT COUNTRY
	& FTIR FD		PA.		4SA.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
15. (Ye	Was Deceased Ever in U. S. Armed Foices? s,no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
1		SECURITI NO.	PREVIOUS &	ECORDS.	
$\overline{}$	18.	CAUSE OF DEAT	1 00170 1003 0	ECONIDS.	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			0 0	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL	SE Olespucilon	Knilund	
	(This does not mean the mode at dying, e.g. heart failure, asthenia, etc. It means the disease	A. A.	CONSEQUENCE OF:	1	
	injury or complication which caused death.)	$\cap$ 0	0	00	
	ANTECEDENT CAUSES	(B) U-B	lyong Apard	yleles	
	DISEASES OR CONDITIONS, it any, giving use to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF	0 0	
	UNDERLYING CONDITION lost.	(c) Usk	welling angure	allsean	0.
z		00	. \ 0	7 000	
110	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Cha	me congestive	Heart fail	w.
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A- DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		20A-AUTOPSY? (Yes or No) 20	R IE VEC WERE FINE	NACE CONCIDENTS
CERTIFICATION	WAS PERFORMED	THE STATE OF THE S	IN	R. IF YES, WERE FIND CERTIFYING CAUSES	OF DEATH?
2	21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., ir	or about 21 C. WHERE DID	(If In Boltimore Cit	y, give exoct location)
CAL	DEATH (notify medical examined	me, form, loctory, street, of	ice bidg., INJURY OCCUR?		,
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour 21)	E INJURY OCCURRED	21F. HOW DID INJURY	O C CUR?	
\$		hile At D Not While			
	22. I certify that (i) (this hospital) attended			)   1   2	(1)
	that (1) (we) last saw the deceased alive an		-	110 7 ~	19_!
	and have and from the causes stated above.			(my) (our) apinian	death accurred an the date
	23A. SIGNATURE	(i) (me) (ala) (ala nat) V	ew the bady after death.	102.0	, DATE SIGNED
(	Drick VQ The	Alter	Med. Staff Director Phys.	m/ -	DATE SIGNED
	23C. PHYSICIAN'S	DEGREE	Director Phys. 3D. ADDRESS		1-11-1)
	machasz A. GRA		MANUA TROLLEND TO D	Da 00	(1. D. o. 18
24A	BURIAL CREMATION, 24B, DATE 124C, N	AME of CEMETERY OF CRE	MATORY 24D. LOCAT	A SOLVA	ATTICATION
	REMOVAL (Specify)	The second of the	UNIVED CITY A	4 EDICAT	CHOOL (Stote)
25A	DATE REC'D IN HEALTH DEAT. & E258 MEDE	OF THE STRAR	125C. FUNERAL DIRECTOR	MEDICAL	SCHOOL
	IUL 29 19/1 04 Ben El James	7000	MORTUARY S	ERVICE -	BCHD -

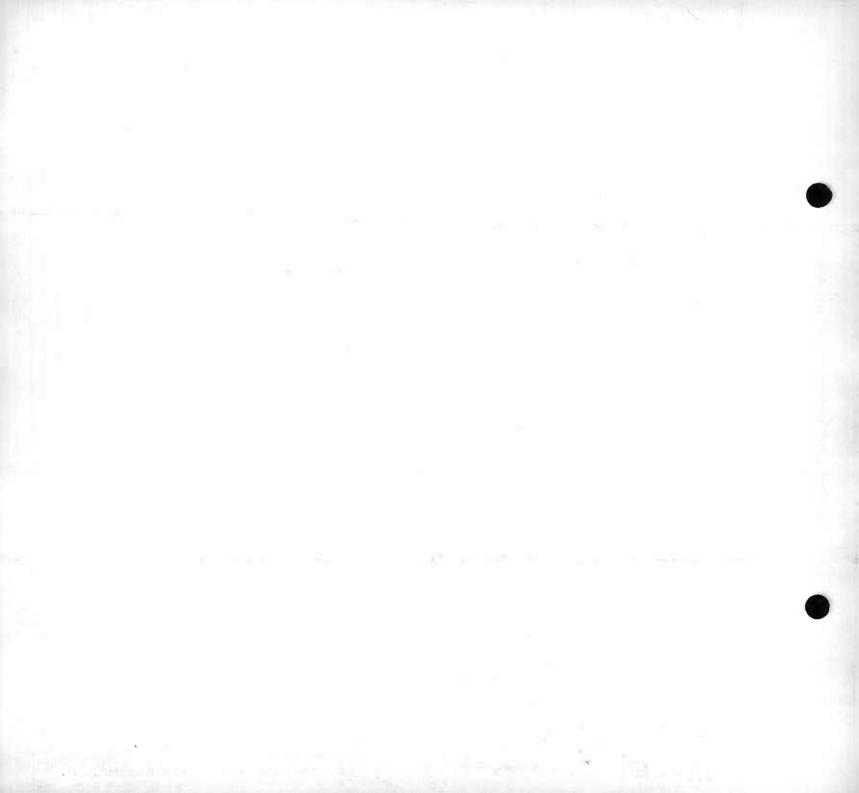


1 35	BALTIMORE CITY	HEALTH DEPARTMENT		1718 1918 (0)
BIRTH NO. 71 7119	CERTIFICA	TE OF DEATH	REG. NO	11 /113
1. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	A .
NORTON . ALICE BAL	TON	1111	V 06 1071	2 200
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE IW		institution; residence before admission
	CONTROL DEAD	A. STATE B. COL	INTY	This man, residence belong during sign
FULL NAME OF (IF NOT IN HOSPITAL OR INSTANCE)  HOSPITAL OR ADDRESS OR LOCATION)	TUTION, GIVE STREET	MARVIAND		25 51
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
1/ > ST. AGNES HOSPI	ΓΑΙ	BALTIMORE		YES X NO
CATON & WILKENS		E. STREET AND NUMBER		
BALTO MD 21229	AVENUE	LATE EDEDE	RICK AVEN	UE 01000
	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr., If Under 24 Hrs
			last birthday)	Months Days Hours Min.
FEMALE WHITE WIDOWS		08 20 94	1 76	
IGA, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign countryl	12. CITIZEN OF WHAT COUNTR
		MARYLAND		11.6.4
NONE   \		14 MOTHER'S MAIDEN N	4442	U.S.A.
		N NSUINER'S MAIDEN N	WIME	
JOHN : NORTON C		ANNIE (	)	
5. Was Deceased Ever in U. S. Armel Forche? Yes, no or unknown! (If yes, give war or dates of service	SECURITY NO.		ILLIVENC AND	CAULE CAPPRESS
res, no or unknown lit yes, give war or dates of service			ILKENS AVI	
, 25	2 40 1459		IOSPITAL RE	ECORDS CATON &
1B. 9	SAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		011	· 11	BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A) IMMEDIATE CAU	SE < \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ull	
(This does not mean the mode of dying, e.	DUE TO, OR AS	CONSEQUENCE OF:	***************************************	
heart failure, asthenia, etc. It means the diseas	* >15	A A I		
ANTECEDENT CAUSES	XI On	at +110 [11	1101-	
	(38)	0110000	7	
DISEASES OR CONDITIONS, if any, giving the state of the above cause (A) stating the		A CONSEQUENCE OF:	0 11	
UNDERLYING CONDITION lost	(c) AND	DILLI SLEVE	TUS .	
Z OTHER CICALICIDA HE CONTRIBUTE CONTRIBUTE OF	275			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA	12			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************	1204		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED  21A ACCIDENT WAS UNDERLYING 1	WHICH OPERATION	20A. AUTOPSY? (Yas at I	IN CERTIFYING C	FINDINGS CONSIDERED
CO CONTRICTION OF	B. PLACE OF INJURY (e.g., in ome, form, factory, street, all	or about 21 C. WHERE DID	(If In Baltima	are City, give exact location)
DEATH (natify medical examined	ca)	ice singer into the occor.		
O 21D. TIME (Manthl (Dayl (Year) (Haur) 2)	E INJURY OCCURRED	21F. HOW DID IN	Illian a count	
S OF INJURY	While At Not While		DORY OCCUR!	
	Yark At Work			
22. I certify that ( (this hospital) attended	the deceased from III	LY 26	74.71 to JUL	Y 26 19 71
			4 . 1	majorandi Americani
that XIX (we) last saw the deceased alive an				Inian death accurred an the dat
and haur and from the causes stated above.	(Me) (qiq)X(XiX)X %){ vi	ew the body after death	•	
23A. SIGNATURE	71/1			23 B. DATE SIGNED
4 601110	After	iding Med.	Staff Phys.	
23C. PHYSICIAN'S	DEGREE Phys.	3D. ADDRESS		10 MD 21220
23C. PHYSICIAN'S NAME (Type) SERGIO SAN PE	DRO, M.D.			TO MD 21229
SERGIO SAN PE	DRU, M. D.	ST AGNES HO	SPITAL WIL	LKENS & CATON AV
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY of CRE	MATORY 24D.	LOCATION (C	City, town, ar county) (State)
REMOVAL (Specify)				
Burial 7/29/71 L	orraine Park Ce	metery Ba.	ltimore, Md.	
	OF REGISTRAR	25C, FUNERAL DIRECTO	R	A DDRESS
111 29 1971 026	BE Jaben M.D.	Nitkke ! 163	O Edmondson	Ave., 21228
VS 150-REV. 1/1/68		-1-1-1		



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1/ 100	BALTIMORE CITY	HEALTH DEPARTMENT	71 7120
H-620 71 7420	CERTIFICA	TE OF DEATH REG. NO.	IT ITEU
BIRTH NO.	<u> </u>	2. DATE AND HOUR OF DEATH	
(Type or Print) RUTH M. HARRIS		7- 2- 4- 71	15: 20 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in-	stitution; residence before admission)
FILL NAME OF THE NOT IN HOSPITAL OF INSTITU	HTON CIVE STREET	MARYAND BAL	0 5300
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  INSTITUTION	Olion, GIVE SIRCE!		DE CITY LIMITS?
MARYLAND DENSLAR	1/000102	REISTERSTOWN	YES NO
14×	ROSPITITE	E. STREET AND NUMBER	
5. SEX   6. RACE   7. MARRIED		603 ZELL ET.	
F WIDOWED		8. DATE OF BIRTH  3-27-03  9. AGE (in years last birthday)	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work IOB, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEUIFE		WIRGINIA	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John William Eades		Annie E. Durham	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	215-30-1051	WATER R. WARRIS	SAME
18. 4	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		41 1/20	
LEADING TO DEATH  (This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAL		1 HRS
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE 10, OR AS	A CONSEQUENCE OF:	
ANTECEDENT CAUSES	re R	CRPTI GNCMA	72 4/RS
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	EBRAL EDEMA A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last.		EBRAL INFARCTION	30 DAYS
OUNTERING COMPILION 1021	(C)	SULTIL TO THE STATE OF THE STAT	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	4 C	00/0-007/	m 11 2 10
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		SCIEROTIC CARDIOVASCUV	
198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING TO 121R.	PLACE OF INITIBY (e.g., l	n or obout 21 C. WHERE DID (If in Boltimore	City, give exoct location)
	ne, form, factory, street, al	fice bldg. INJURY OCCUR?	Sulf. Blad exect locogou)
	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY  (APPROV)	ile Al [ No! While		
1440			11( \ 2\ 10 2/
22. I certify that (I) (this hospital) attended the			U
that (I) (we) last saw the deceased alive on			ion death occurred on the date
and hour and from the causes stated above. (I	(We) (did) (did nat) v	lew the body after death.	23 B. DATE SIGNED
Showner Val.	Atte	nding Med. Stoff Phys.	7/25/
23C.PHYSICIAN'S	DEGREE Phys	i. L Director L Phys. L 23D, ADDRESS	1177/11
SHGIWAN KAHAN	M)	MARYLAND CENERA	2 HOSP
24A. BURIAL CREMATION, 24B. DATE 24C.NA	AME of CEMETERY OF CRE	111/ 01/	y, town, or county) (State)
REMOVAL (Specify)	U Saints Ceme		
	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
1111 29 1971 Palent E. Janlay	ALR:		iterstown, Md.
VS 150-REV. 1/1/68			



	BALTIMORE CITY	HEALTH DEPARTMENT	04			
BIR	TH NO. 71 7121 CERTIFICA	TE OF DEATH REG. NO	7121			
	TAME OF DECEASED NOVYICP, SQUITE!	2. DATE AND HOUR OF DEATH	1 C/5 n			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution A. STATE 8. COUNTY	n: residence befare admission)			
Ho	LL NAME OF STREET ADDRESS OR LOCATION) Provident Hospital, Inc.  2600 Liberty Heights Avenue Baltimore, Maryland 21215	Maryland  c.CITY OR TOWN  Baltimore  E. STREET AND NUMBER				
5, 9		Garrison Nursing Home				
	Male Negro WIDOWED DIVORCED	324.2 1878 last birthday) 93 95 Mont	nder 1 Yr. If Under 24 His.			
	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY eduring most of working life, even if retired)		CITIZEN OF WHAT COUNTRY?			
13.	Unemployed FATHER'S NAME	Baltimore, Maryland	U. S. A.			
	JOHN SQUIRRELL	EFFE ELIZA	>			
15. (Ye:	Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	NO - 219-12-68	84 EFIF				
	injury or complication which caused death.)  ANTECEDENT CAUSES	Monchopenenoma  SE A CONSEQUENCE OF:  A CONSEQUENCE OF:  Letton & Marulett Wagn	3 weeks			
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
ERTIFICA	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20A. AUTOPSY? (Yes or No.) 20R. IF YES, WERE FINDIN IN CERTIFYING CAUSES C	GS CONSIDERED OF DEATH?			
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in hame, form, factory, street, oil plant (notify medical examiner)	ar about 21 C. WHERE DID If In Bultimore City.	give exact facation)			
ME	21D.TIME (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While Work AI Work		2 ,			
	22. I certify that (1) we) last saw the deceased olive on					
	23A. SIGNATURE OLIVE MANAGE DEGREE Phys	nding Med. Staff Director Phys. 7	25/7)			
244		23D. ADDRESS  2300 Garrier Blvd MATORY 24D. LOCATION (City, town	1 Palto mp 20			

NEW WINDSOR

25C. FUNERAL DIRECTOR

28

25B. NAME OF

ALD.

9 1971 Caber

VS 150-REV, 1/1/68

1 2119 Seathern ave., 14 3/11/69

- NULL 3 . S

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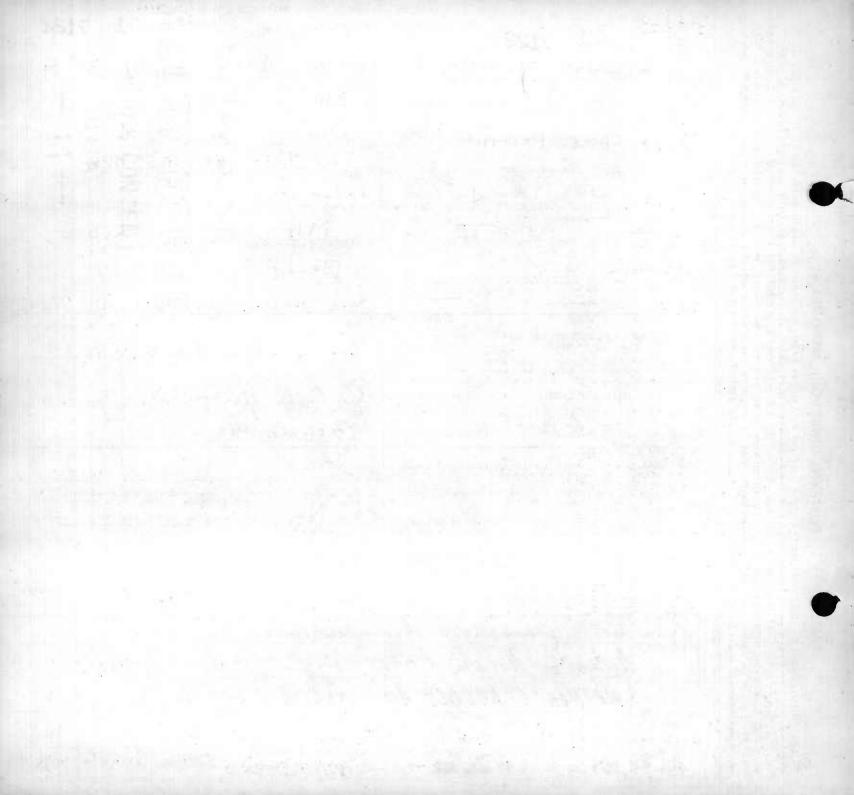
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			BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO.	71 7	122	CERTIFICA	TE OF DEATH	REG. NO	71	7122	
(Type or Print)	EASED				HOUR OF DEATH	1971	15 -	
	JLL LIAN	HEND.		DS IONE JU	L7 24	[1]	A M.	
	TIMORE MARYLAND, W			4. USUAL RESIDENCE (Where A. STATE B. COUNTY		Stilution: residenc	7 3 0	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)	HON, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?		
7111	PARK +	loic HI	S AIR	DALIO		YES W	NO _	
05/11	I ARK I	4CIO-FII		2/11 PARK	Height	3 AVE		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED		AGE (In years	1 10 44 1 3 W	, If Under 24 Hrs.	
F	W	WIDOWED		12/22/1893	st birthdoy)	Months Doys	Hours Min.	
	UPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN O	F WHAT COUNTRY?	
done during most of	working life, even if retired)	-		MI		u <	5 a	
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAME				
150	0			120110				
15. Was Deceased	Ever in U. S. Armed For	res?	1 6. SOCIAL	17. INFORMANT		ADDI	PFSS	
(Yes, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.					
NO				MRS HERMAN	G 61 8 5		SAME	
18.	4 XI		CAUSE OF DEAT	Н			OXIMATE INTERVAL N ONSET AND DEATH	
DISEA	SE OR CONDITION DI	RECTLY		1		,		
	LEADING TO DEATH		(A) IMMEDIATE CAL		2 - liner	Fanc ceses	bal	
	nat mean the made of asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:		/		
	nplication which coused			M 1 1				
	ANTECEDENT CAUSES (B) (a lnast - quatin - alist 6 yrs eys							
DISEASES	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:							
	e above cause (A) G CONDITION last,	stating the		Freum mi ?	tin -			
UNDERLIIN	G CONDITION 1051.		(C)					
z		NITE IS LITE OF						
# TO THE DEA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
DISEASE OR O	DISEASE OR CONDITION GIVEN IN PART 1 (A).  9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
19A. DATE OF	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
U 21A. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?					City, give exact	location)		
	medical examiner)	etc.)	, form, fociory, sireet, o	mice blog., INJURI OCCUR:				
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJUR	RY OCCUR?			
OF INJURY		While						
		Work		11/2/	9,		37	
22. I certify	that (1) (this haspita	I) attended the	e deceased fram	meg/ 13/1/ 19			19 //,	
that (I) (we)	that (1) (we) last saw the deceased alive an guly 14 19/2/ and that in(my) (aur) opinian death accurred on the dote							
and hour on	and hour ond from the couses stated above. (i) (We) (did) (did not) view the bady ofter deoth.							
23A. SIGNATI	JRE A/	11/	1 40	-10 - 7 - 7		238. DATE SIGN	NED	
	Mahan (a.	Need	A III		raff Dys.	7/24	171	
	DEGREE PHYSICIAN'S 23D. ADDRESS							
NAME (	NOTHON	E. NE.	EOLE, MA	6506 Park A	ty to The.	Lees	15	
24A. BURIAL CRE	MATION, 248. DATE	24C. NA		EMATORY 24D. LOC	ATION (Ci	ly, lown, or coun	(State)	
REMOVAL	7/25	71 12	COTO NO	Onout 1	Dallo		md	
25A. DATE REC'D	BY HEALTH DER	25B. NAME OF	FREGISTRAR	25C. FUNERAL DIRECTOR		A	DDRESS #	

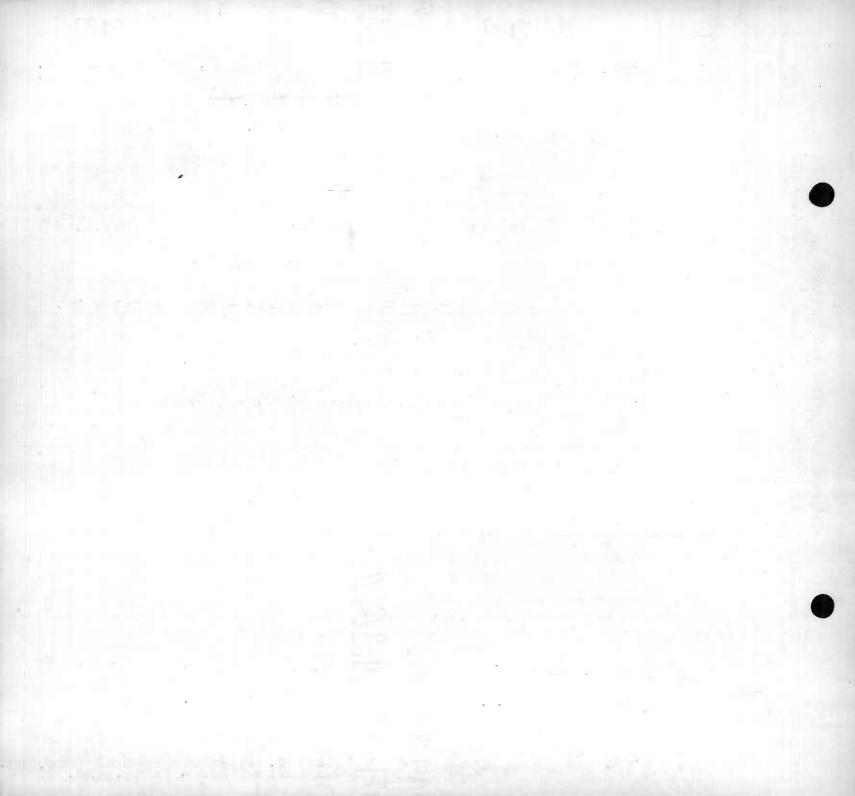
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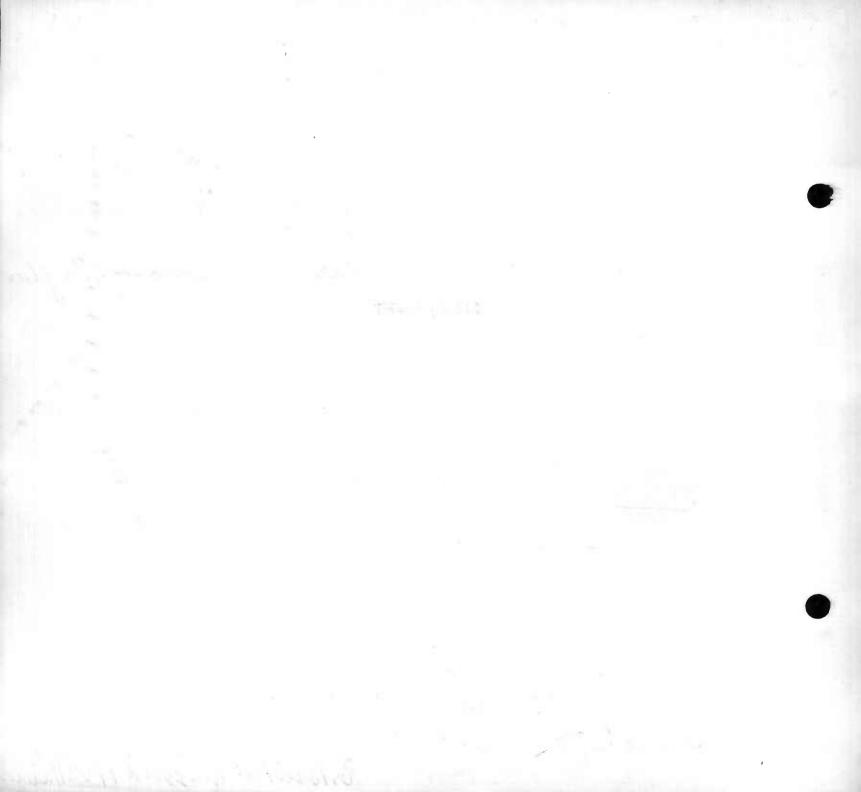
E. Walley



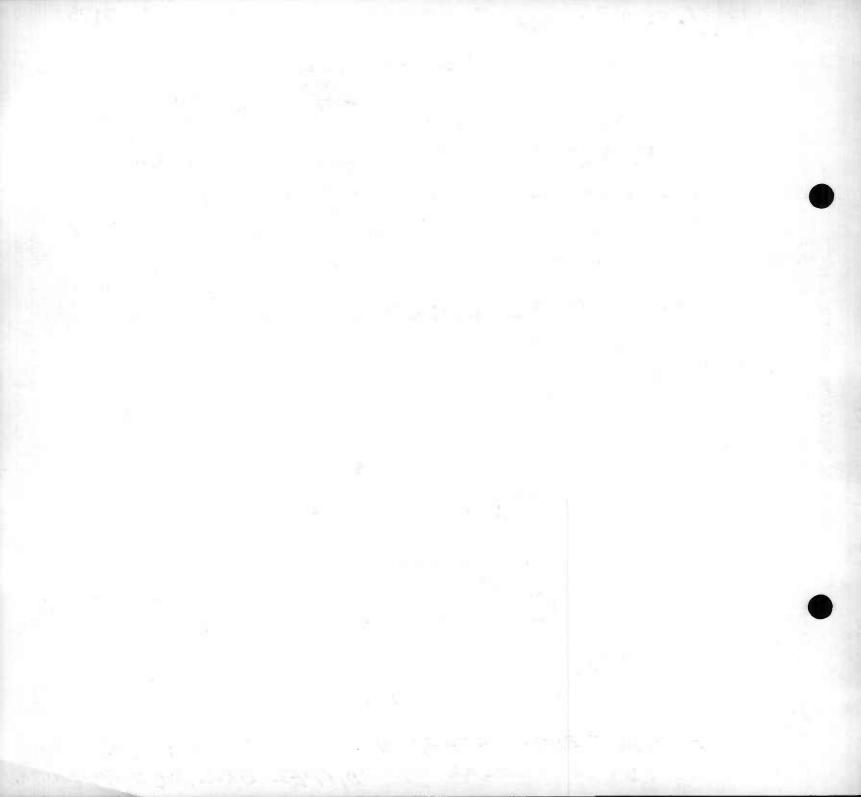
365	101.4			HEALTH DEPARTMEN		
BIRTH NO.	/1	7123	CERTIFICA	TE OF DEAT	H REG. NO.	71 7123
INAME OF DEC					TE AND HOUR OF DEAT	
Type or Print)	than Andrew				July 26, 19	71   9:15 B. A
B. PLACE IN BAL	tran, Andrew	VHERE PRONOL	JNCED DEAD		(Where deceased lived, If	institution: residence before admission
FULL NAME OF HOSPITAL OR NSTITUTION	OSPITAL OR ADDRESS OR LOCATION)			A. STATE B. COUNTY    XIXXX PEXASSION   Maryland   73/   C. CITY OR TOWN   D. INSIDE CITY LIMITS?     Baltimore, Md.   YES   NO		
00	4019 Parks	side Dri	ve	E. STREET AND NUME	BER	YES 🔣 NO 🗌
				1	side Drive	
M	6. RACE	WIDOWED		2-3-1894	9. AGE (In years lost birthdoy) 77	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTR
Groce		Retir	ed .	Maryland		U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
Fran	k Stran			Carrie :	Bliss	
5. Was Deceased les, no or unknown	Ever in U. S. Armed Fo	ices? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			219-32-0756	Myrtle St	ran - 4019	Parkside Dr.
DISEASES ( rise to the UNDERLYING  OTHER SIGNIF	nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last.	any, giving stating the	(c)	A CONSEQUENCE/OF:	be seetien	
19A. DATE OF	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20 A. AUTOPSY? (Yes	OF NO. 208. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bidg., INJURY OCCUR?  DEATH (notify medical examiner) (If In Baltimore City, give exact location)						
OR CONTRIBL	UTING CAUSE OF	hom etc.)	e, lorm, toctory, street, or	fice bidg., INJURY OCCU	JR?	nore City, give exact location)
OR CONTRIBL	UTING CAUSE OF	(Hour) 21E.	INJURY OCCURRED	fice bidg., INJURY OCCU	D INJURY OCCUR?	nore City, give exact location)
OR CONTRIBLE DEATH (notify)  21 D. TIME OF INJURY (APPROX.)	UTING CAUSE OF medical examined	(Hour) 21E. Whi	INJURY OCCURRED  ile At  Not While k At Work	fice bidg., INJURY OCCU	JR? D INJURY OCCUR?	
OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. 1 certify	UTING CAUSE OF medical examiner)  (Month) (Doy) (Year)	(Hour) 21E. Whi Wo	INJURY OCCURRED  ile At  Not Whill rk At Work he deceosed from	21F. HOW DI	JR?  D INJURY OCCUR?	19
OR CONTRIBLE DEATH (notify OF INJURY (APPROX.)  22. 1 certify that (1) (we) and hour an	TING CAUSE OF medical examiner)  (Month) (Doy) (Year)  that (1) (this haspito) lost sow the deceased from the couses sto	(Hour) 21E. Whi Woi	INJURY OCCURRED  ile At  Not Whill rk At Work he deceosed from	21F. HOW DI	D INJURY OCCUR?	19 pinian death accurred on the dat
OR CONTRIBLE DEATH (notify 21D.TIME OF INJURY (APPROX.)  22. 1 certify that (1) (we)	TING CAUSE OF medical examiner)  (Month) (Doy) (Year)  that (1) (this haspito) lost sow the deceased from the couses sto	(Hour) 21E. Whi Woi	INJURY OCCURRED  sile At Not Whith At Work  the deceosed from  (We) (did) (did not) v	21F. HOW DI	D INJURY OCCUR?	pinian death accurred on the date
OR CONTRIBLE OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATI	uting CAUSE OF medical examiner)  (Month) (Doy) (Year)  that (1) (this haspito) lost sow the deceosed from the couses sto	(Hour) 21E. Whi Woi	INJURY OCCURRED  At Work  he deceosed from  (We) (did) (did not) v	21F. HOW DI	D INJURY OCCUR?	19 pinian death accurred on the dat
OR CONTRIBLE DEATH (notify  21D. TIME OF INJURY (APPROX.)  22. 1 certify that (1) (we) and hour and 23A. SIGNATL  23C. PHYSICIA NAME (1)	or that (1) (this haspito ) lost sow the deceose d from the couses sto	(Hour) 21E, Whi Wo	INJURY OCCURRED  ile At	21F. HOW DI	D INJURY OCCUR?  19to  nd that in(my) (aur) a  toth.	pinian death accurred on the dat
OR CONTRIBLO DEATH (notify DEA	uting CAUSE OF medical examiner)  (Month) (Doy) (Year)  that (1) (this haspito) lost sow the deceosed from the couses stop of the couse st	(Hour) 21E. Whi wo	INJURY OCCURRED  ile At	21F. HOW DI	DINJURY OCCUR?  19 to ond that In(my) (aur) a soth.  Staff Phys.  Idelphia Rd.	pinion death accurred on the dat  238, DATE SIGNED  July 27, 1971
OR CONTRIBLE DEATH (notify  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATL  23C. PHYSICIA NAME (I)	uting CAUSE OF medical examiner)  (Month) (Doy) (Year)  that (I) (this haspito) lost sow the deceose of from the couses stop of the couse stop of the couses stop of the couse stop of the couses stop of the couse stop of the couses stop of th	(Hour) 21E. Why Wo  I) offended filed offers on 21 E. M. D. 24 C. N.	INJURY OCCURRED  ile At	iew the bady ofter de Director 23D. ADDRESS 8019 Phila	DINJURY OCCUR?  19 to ond that In(my) (aur) a soth.  Staff Phys.  Idelphia Rd.	pinian death accurred on the date



VS 150-REV, 1/1/68

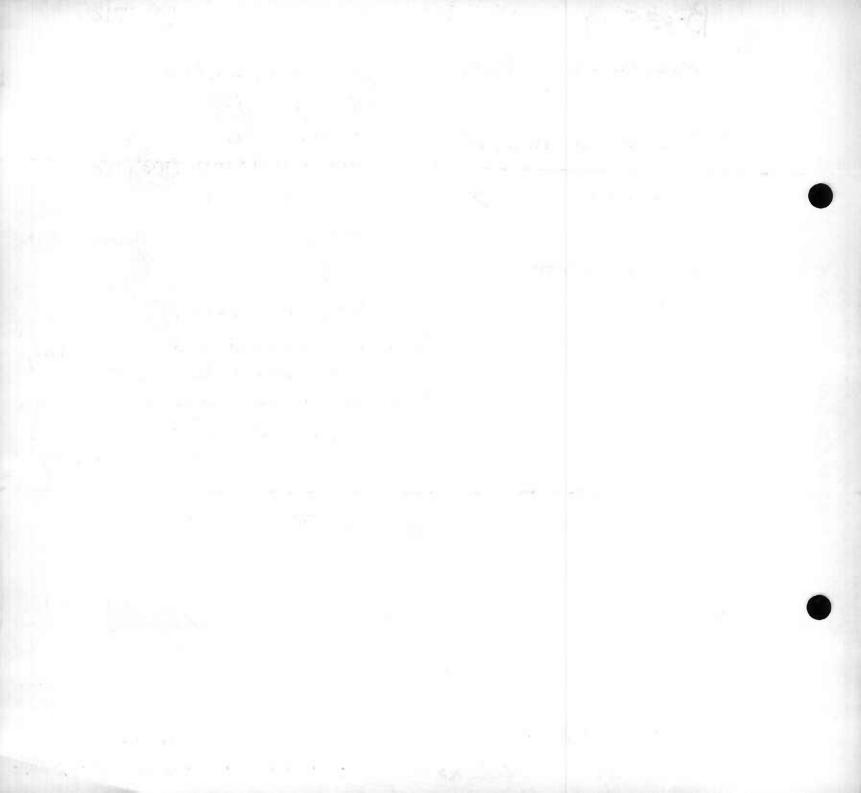


BII	4 - 7 - 71 71 71 71 71 71 71 71 71 71 71 71 71	ORE CITY HEALTH DEPARTMENT  IFICATE OF DEATH  REG. NO. 7125
	pe or Print) Edwin J. HINES	(01) Los Ph Edwig 7-27-7/ 19835 P.M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
FU HO	LL NAME OF SPITAL OR INSTITUTION, GIVE STRE ADDRESS ON LOCATION	
0	North Charles Gen. 105p.	Salto, YES NO
	Horth Charges + 2014. 87.	E. STREET AND NUMBER 4217 Lencood awe.
5.	WIDOWED DIVORC	CED 3-76-15 last builday) 6 Manths Days Hours Min.
dor	. USUAL OCCUPATION (Give kind of work 108 KIND OF BUSINESS OR IN SOUTH OF WAY OF WARM OF WARM OF BUSINESS OR IN SOUTH OF WAY  SOUTH OF BUSINESS OR IN  SOUTH OF BUSIN	THISY ance BALTIMORE MD 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME Tames HINES	14. MOTHER'S MAIDEN NAME HONG LAN
15. (Ye:	Was Deceased Ever in U. S. Armed Forces?  , na or unknown) Of yes, give war at dates af service)  VES  Way  16. SOCIAL  SECURITY NO	10. 17. INFORMANT NOTH Charles Gsy.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DE DEATH RESPICATION CERTIF BETWEEN ONSET AND DEATH  THE CAUSE  DIATE CAUSE
	(This does not man the made of duine (A) IMMEDI	O, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES	rain tumas
	DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION last.	O, OR AS A CONSEQUENCE OF:
	(0)	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	#*************************************
CERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 7-9-71 WAS PERFORMED Brain Tu	ON 20A. AUTOPSY? (Yes OF NO) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)  21B. PLACE OF INJUR hame, form, factory, s	JRY (e.g., in or about 21 C. WHERE DID (If in Baltimare City, give exact lacation) street, affice bldg., INJURY OCCUR?
MEDI		RRED 21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased from	
	that (1) (we) last saw the deceased alive an July	27 19 7/ and that in (my) (aur) apinion seath accurred on the date
	and hour and from the causes stated above. (1) (We) (did) (did	
	23A. SIGNATURE ACAD DEGR	Attending Med. Staff 23B, DATE SIGNED
	23C. PHYSICIAMS NAME (Type) Narciso E. Ignacio,	M.D. 23D. Apdress, Charles Gen. Hosp. Balto. Md.
24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	RY OF CREMATORY 24D. LOCATION (City, town, ar county) (State)
25A	BURIAL 7/31/71 CATHED	DRAL CEMETERY OLD FREDRICK RD MD.  25G. FUNERAL DIRECTOR
	JUL 29 1971 Robert E. Faiber, M.D.	DIPPEL BROS, INC. THOBELAIRE
VS	150-REV. 1/1/68	



FUNERAL DIRECTOR: IMPORTANT

B-1125	BALTIMORE CITY	HEALTH DEPARTMENT	71 7126		
BIRTH NO. 71 7126	CERTIFICA	TE OF DEATH	REG. NO.		
I. NAME OF DECEASED (Type of Print)  NTS. Nellie F. R	plton	2. DATE AND HO	7 1941		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where dece	eosed lived. If institution: residence before admission		
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland c. city or town	D. INSIDE CITY LIMITS?		
Bon Secours Hos	pital	Balti more E. STREET AND NUMBER	YES NO [		
5. SEX   6. RACE   7. SEA DO			ns Avenue		
Female White WIDOW		10-22-109= 10	If Under 1 Yr. If Under 24 Hrs.		
IOA. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cou	nity) 12. CITIZEN OF WHAT COUNTRY		
		Virginia	United State		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Tourness Sign		
Mr. Shifflett		\$55			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war ar doles of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
		Benjamin B	polton		
18. / / X 1	CAUSE OF DEATI	1 Janin	APPROXIMATE INTERVAL		
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Nen	ive intra cerebral	SETWEEN ONSET AND DEATH		
This does not mean the mode of dving a	(A)IMMEDIATE CAU	SE	day		
heort failure, asthenia, etc. It means the disea injury or complication which coused death.)	ise, DUE TO, OR AS	CONSEQUENCE OF portine	semanhage to		
ANTECEDENT CAUSES	7	C. 1. C.	, 1.		
DISEASES OR CONDITIONS, if any, give	(B)	A CONSEQUENCE OF:	money, waren motorities		
rise la the above cause (A) stating UNDERLYING CONDITION tost.		inome left be	east + years		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	G		radust mastactomy		
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IN C	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in nome, form, foctory, street, aff elc.)	or obout 21 C. WHERE DID	I In Boltimore City, give exoct location)		
21D-TIME (Manth) (Doy) (Year) (Hour)	TE INJURY OCCURRED	21 F. HOW DID INJURY O	CCUR?		
HAPPKULI	While At Not While Work				
22. I certify that (1) (this hospital) attended		aly 26 107/	10 /0 /4 2 ) 10 3 /		
22. I certify that (1) (this hospital) attended the deceased fram Saty 26 19 7/ ta Saty 20 19 19 11 19 11 that (1) (we) lost sow the deceased alive on Saty 20 19 7/ and that in(my) (east) opinion death accurred an the date					
and hour and from the causes stated obove. (1) (We) (did) (did-not) view the body after death.					
23A. SIGNATURE	77 (27 (37 (37 (37 (37 (37 (37 (37 (37 (37 (3	body dilet dedilia	238, DATE SIGNED		
Kuben 7/2 Fren	Dhue	ding Med. Staff Phys.			
23C. PHYSICIAN'S NAME (Type)	DEGREE	BON SECOUR			
	NAME of CEMETERY of CREATERY LOUGON Park	MATORY 24D. LOCATIO			
JUL 29 1971 Result C. To	E OF REGISTRAR	25C. FUNERAL DIRECTOR Db.			
S 150-REV. 1/1/68					



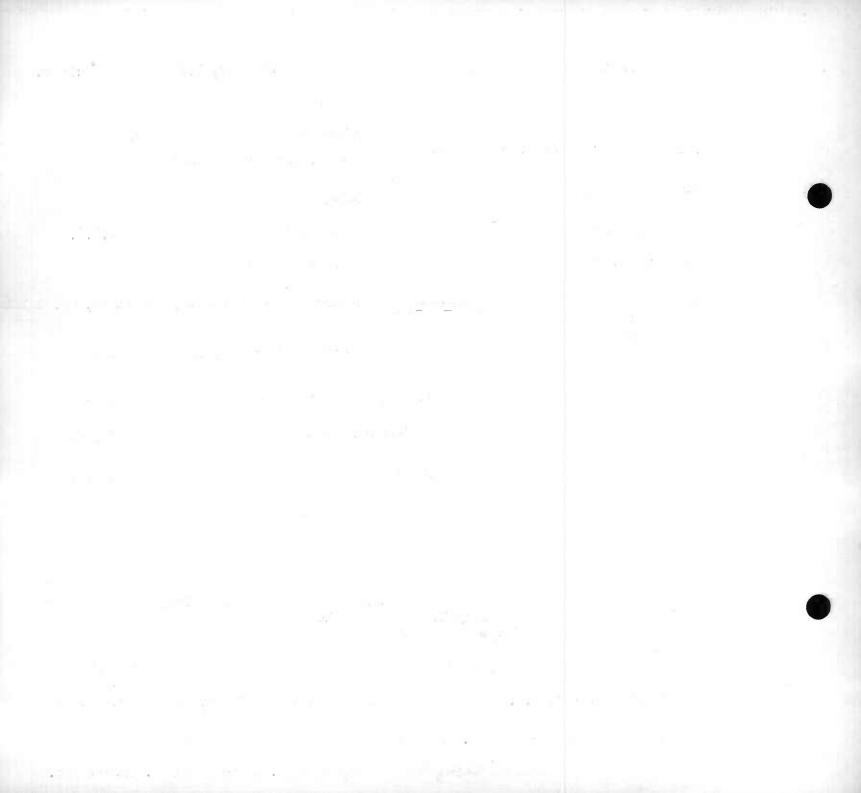
C 534	BALTIMORE CITY	HEALTH DEPARTMENT	-	
BIRTH NO. 71 7127	CERTIFICA	TE OF DEATH	REG. NO. 71	7127
I. NAME OF DECEASED		2 DATE AN	D HOUR OF DEATH	
Type or Print Blanche M. Ch.	andler	2:30	PM guly 23,	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Ut institu TY	ution: residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR IN: ADDRESS OR LOCATION!	STITUTION, GIVE STREET	c. city or jown	D. INSIDE	CITY LIMITS?
?	1 .	Baltimore	Y	ES NO .
Johns Hopkins Hosp	Ital	E. STREET AND NUMBER	Preston	St.
SEX 6- RACE 7- MARRI	ED NEVER MARRIED		9. AGE (In years I lost bighday)	Under 1 Yr. If Under 24 Hrs.
WIDOW		May 7, 1001	82	
OA, USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE   State or forei	gn country!	2. CITIZEN OF WHAT COUNTRY
Horsenite	1000	Verges	na	
3. FATHER'S NAME		MARGARET	AE	
ABRAHAM MARROW Wes Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give war or dates of service)	216 58 472	Hospital	Record	1
18.4/2.41	CAUSE OF DEAT	1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		c 1 11	1001	1-1
LEADING TO DEATH (This does not mean the mode of dyling,	(A) IMMEDIATE CAL	SE Cerlha Vasc	was Heriday	12 hrs.
heart failure, asthenia, etc. It means the dise	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)	CI.	beroselesti Cardo	Dead Dies	,
ANTECEDENT CAUSES	(B) DUE TO OP AS	A CONSEQUENCE OF:	Mount Larger	^
DISEASES OR CONDITIONS, if any, given is to the above cause (A) stating	The state of the s	A CONSEQUENCE OF		
UNDERLYING CONDITION last	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTES TO THE DEATH BUT NOT RELATED TO THE TERMIN			The same	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FWAS PERFORMED		20A AUTOPSYR (You or No	208, IF YES, WERE FIN	DINGS CONSIDERED
2) A ACCIONIS WAS INTERESTED	DIS SIACE OF INVIEWS - 1	NO		
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY leage, home, farm, factory, street, of etc.)	fice bidge INJURY OCCURY	(It In Boltimore C	ity, give exect location)
	215 INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR!	
IAPPROXI	While At While Not While Work At Work	• 🗆	- 1	
22. I certify that (i) (this hospital) attended			19 11 ta July	19 71
that (1) (we) last saw the deceased alive			at in (my) (aur) opinio	in death accurred on the dat
and haur and fram the causes stated abav	e. (1) (We) (did (did not) v	lew the body after death.		
Barry Cooper	/ ( (° /   Dhu	anding Med.	Staff Phys.	July 23,1971
23C.PHYSICIAN'S BARRY COOL	DEGKEE	23D. ADDRESS		
	DEGREE	EMATORY 24D. L	OCATION (City,	town, or county) (State)
BINUAL 7-27-71	ar Erstus.	Memorial	Tark Ba	eto. Co. Mol
25A, DATE REC'D BY HEALTH DEPT. 25B, NA		25C PONERAL DIRECTOR	0 1 7	ADD REST
JUL 29 1971 Robert E	Joshan M.D.	May MAY	Danders	21/6 Tredes
VE 100 0EV 1/1/10		1	a).	

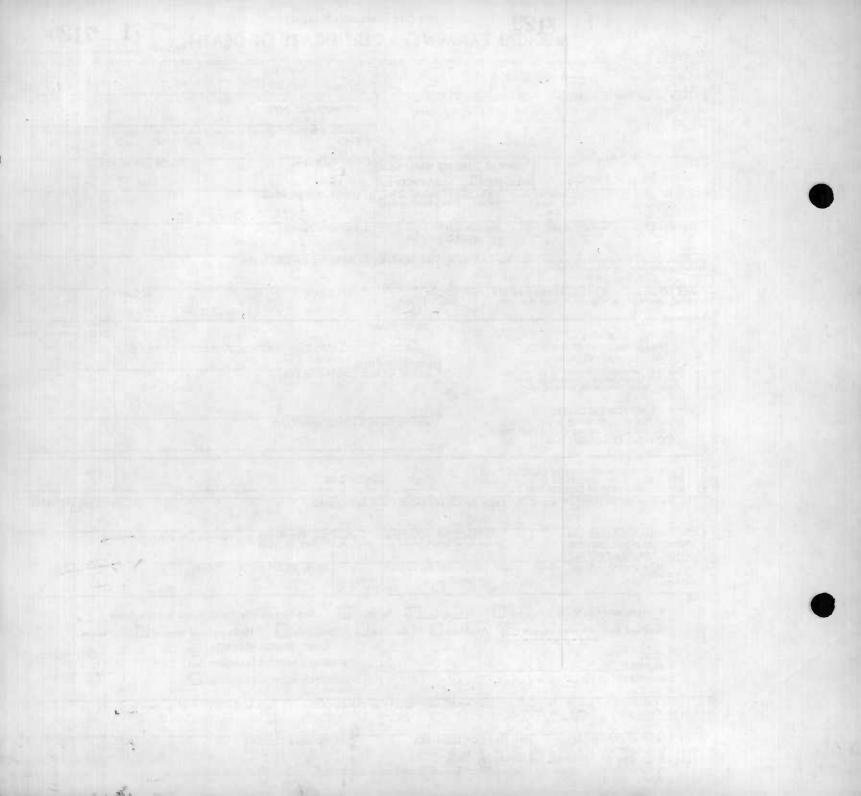
Barry Caper 1 MO 6/23 171

BARRY COOPER

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

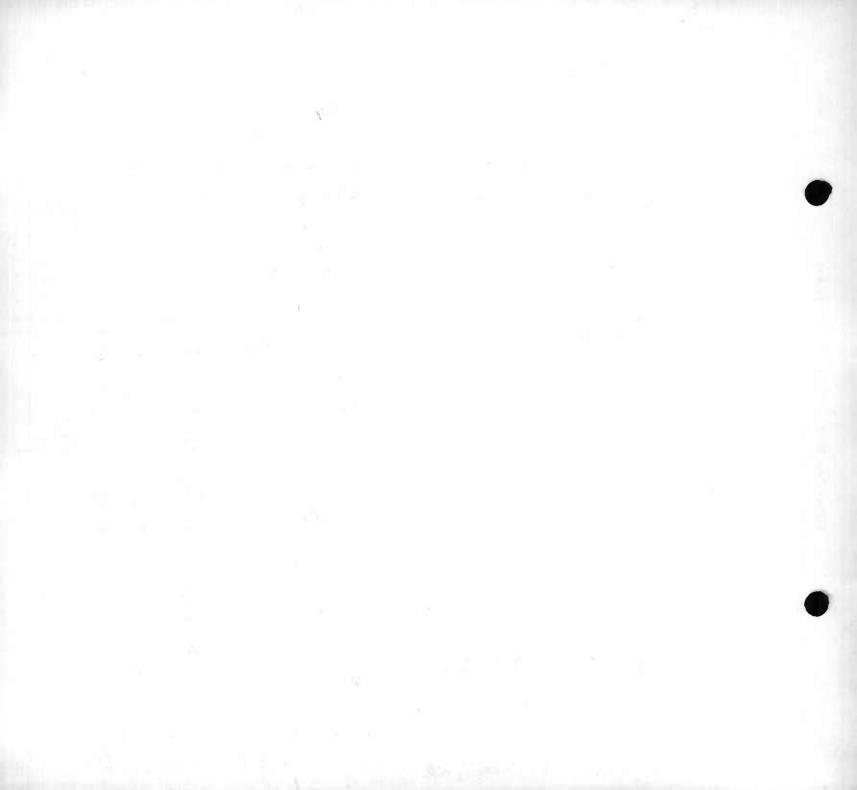




IMPORTANT

DIRECTOR:

FUNERAL



	approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ial (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
	ital	of d	ece	0	h.	
	osp	99	(2)	nce	dea	
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	ust	eds	ider	hosp	de	E
	E e	rel	220	0 +	or to	DAC
	ficat	Was	An	A a	pri	ppr
	This certificate must be	Apc	(E)	was D.O.A. at a hospite	sed	written approval must be obtained before the remains are embalmed or final disposition is made.
	nis c	le b	NOL	ds l	9096	ritte
	1	Ŧ	s	3	p	3

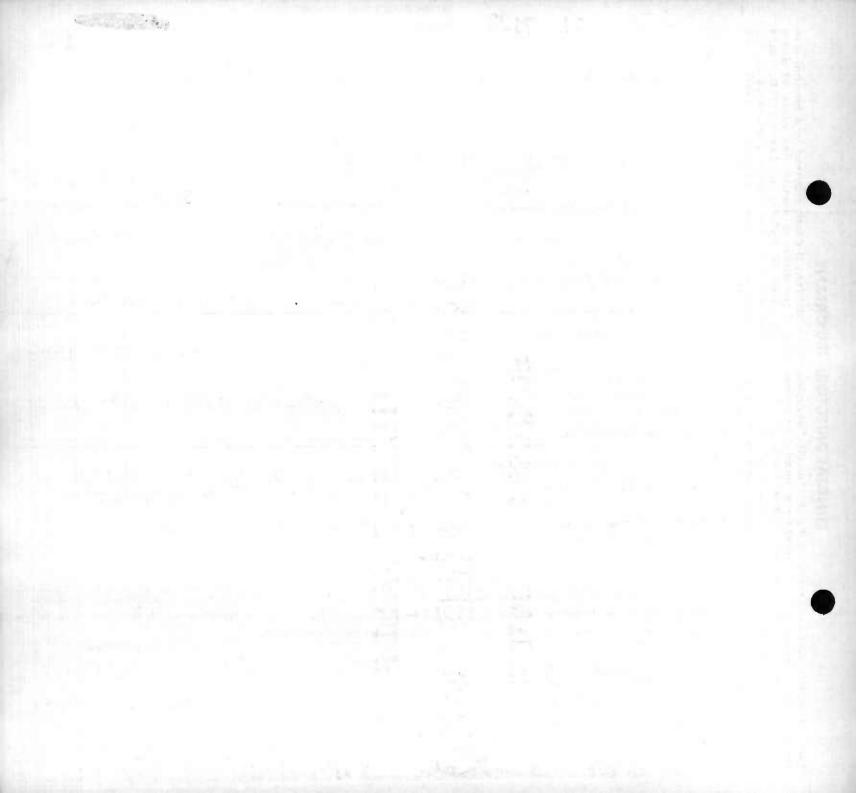
BALTIMOR	RE CITY HEALTH DEPARTMENT
L-520 71 7131 CERTIF	FICATE OF DEATH REG. NO. 71 7131
BIRTH NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print)  LINK, SISTER FLAVIA	JULY 26,1971   11:15Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  A STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	ET MARYLAND  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
ST AGNES HOSPITAL	BALTIMORE YES NO
40 ST AGINES HOST HAL	E. STREET AND NUMBER
	4000 FOREST HILL RD 2891
5. SEX 6. RACE 7. MARRIED NEVER MARRIE	ED X 8. DATE OF BIRTH 9. AGE (In years   Il Under 1 Yr., if Under 24 Hrs.   Months! Days Hours Min.
FEMALE WHITE WIDOWED DIVORCE	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RELIGIOUS	NEW YORK USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
CHRISTIAN LINK	CATHERINE SNYDER
15. Was Decreed Ever in U. S. Armed Forces?   16. SOCIAL	17. INTERMENTALE C DE CODDC ADDRESS
No 21654869	
14/21	erebro Vascura accident retween ONSET AND DEATH
LEADING TO DEATH	
(A) IMMEDIA	ATE CAUSE  OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ASCUD
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, If any, giving DUE TO, rise to the above cause (A) staling the UNDERLYING CONDITION last.	OR AS A CONSEQUENCE OF:
(O)allalalala	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	N [20A AUTOPSYS (Yes or No.)] 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, st	Y (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) treet, effice bidg. INJURY OCCUR?
21D-TIME IMonth) IDoy) (Year) (Hous) 21E INJURY OCCURR	
APPROX.)   While At   N	t Work
22. I certify that (1) (this hospital) attended the deceased from	
that (6) (we) last sow the deceased alive an JULY 26	m JULY 23 19 71 to JULY 26 19 71 19 71 and that in(n)() (our) apinion death occurred on the date
and hour and from the causes stated above. (IX (We) (did) XX	
23A. SIGNATURE	23R DATE SIGNED
tortell waranger	Affending Med. Stuff Phys. 9 07/26/71
23C.PHYSICIANS	Phys. Director Phys. Director Director Phys. Director Director Phys. Director Director Phys. Director
PERFECTO VALARAO, MD	WILKENS & CATON AVES BALTO MD 21229
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY	DEGREE
Burial 7/29/71 St. Josep	oh's Cemetery Emmitsburg, Maryland
JUL 29 1971 Walter S. Name of Registrar	25C. FUNERAL DIRECTOR ADDRESS STEWART & MOWEN CO.108 W. North Av. (1)
Ve 150 pev 10/60	

THE CONTRACT OF THE PROPERTY O A SAME OF THE PARTY OF THE PART

11)-25	5/1	. 71	SCAL	BALTIMORE CITY HE			DEAT	u +	74	7479
BIRTH NO.		MED	ICAL	EXAMINER'S	EKIIFIC	LATE OF	DEAT	REG. NO.	-da	1100
I. NAME OF DEC	CEASED				2. DATE	Known 🔲	Month	Doy	Year	Hour
(Type or Print)		HUBE	RT WH	ISMAN	OF	Estimoted		00,		
4. PLACE IN BAI	TIMORE, MA			ONOUNCED DEAD	DEATH 3. DATE	- Eximinates (C)	Month	Doy	Yeor	Hour M.
FULL NAME OF HOSPITAL	(IF NO		L OR INST	ITUTION, GIVE STREET		NCED DEAD	7	25	1971	5:30 p
OR INSTITUTION	0 9	23 Lem	on St		5. USUAL RE A. STATE	SIDENCE (When	e deceased liv	ed. if institution B. COUNTY	: residence	before odmission)
6. SEX	7. RACE		8. MARR	IED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
male	whi		WIDOW	DIVORCED		lto.		YI	s 🖹	NO 🗆
9. DATE OF BIRT		10. AGE (In	73	If Under 1 Yr. If Under 24 Hrs. Months: Doys , Hours , Min.		Lemon S	t.			
11. BIRTHPLACE		n country)		12. CITIZEN OF	13. FATHER'S	NAME				
Staunto	n. Ve		111	WHAT COUNTRY?	Unkr	nown				
14A.USUAL OCCU	PATION (Give	e kind of work	48. KIND	OF BUSINESS OR INDUSTRY			ME			
Retired-					Unkr	nown				
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? 17. SOCIAL		ANT Son:		Al	DRESS	
(Yes, no or unknown	(It yes, give w	vor or dotes	of service)	226-05-9550		es L.W	i amon	2 1.1 2	1.+2	1 21218
19.	2 21	-		CAUSE OF DEA		es P. MI	II Small	• > W.E	A	proximate interval
410	1								BETV	VEEN ONSET AND DEATH
	E OR COND LEADING TO		TLY	Arteriosclero	otic car	diovascu	lar dis	sease		
(This daes n	ot mean the	mode of dyi	ng, e.g.,	(A)IMMEDIATE O	AUSE AS A CONSEQU	FNCF OF:				
heort foilure	, osthenio, etc. mplication which	. It means the	disease,	202.0,0		2				
	NTECEDENT			(8)	AS A CONSTO					
RISE TO TH	OR CONDITION	USE (A) STAT	ING THE	DUE 10, OK	AS A CONSEQ	UENCE OF:				
ZUNDERLYIN	NG CONDITI	ON LAST.		(c)	TT					
2		II								
OTHER SIGN TO THE DE. DISEASE OR 20A. DATE OF	ATH BUT NOT	RELATED TO	NTRIBUT	ING NAL						
DISEASE OF	CONDITION									
ZOA. DATE OF	FOPERATION	1 208. CON	INOITION	FOR WHICH OPERATION WA	S PERFORME	D				PSY? (Yes ar No)
									no	
UNDERLYING UTING CA		TRIB-		22B. PLACE OF INJURY(e.g., home, form, foctory, street, office	in or about 22 bldg., eic.) IN	JURY OCCUR?	(il in Boltimor	re City, give exo	ct location)	
≥ 22D. TIME		oy) (Yeor	) (Hour	) 22E.INJURY OCCURRED	22	F. HOW DID IN	JURY OCCI	JR?		
OF INJURY (APPROX.)				WHILE AT NOT	WHILE					
23.				m. WORK LATW	OKK LJ					
1 cert	Ify that I h	eld an Ir	quiry [	Inspection 🛛 Au	tap sy 🔲	and that an t	his basis,	death In my	apinion	
resul	ted fram: N	atural caus	ses X	Accident Suicid	e Har	nicide 🗌	Undetermin	ned manner		
		1	0.0	0-1 1	С	HIEF MEDICAL	EXAMINER			
ACTUAL	/3 /	unal	110	8 Wester / 40	ASSIS	TANT MEDICAL	EXAMINER			DATE SIGNED
SIGNAT	EDIC /	77 (	у п.	-1 M.D	ASSOC	CIATE MEDICAL	FXAMINER	П	7/26/	71
NAME (	iype)	ssett :	). Fl	sher, M.D.					1/20/	1-
24A. BURIAL CREE REMOVAL (Speci	MATION, 2	4B. DATE		24C. NAME of CEMETERY	ar CREMATOR	RY 24D.	LOCATION	(City, lown	, or county	(Stote)
Buria		7/28/	71	Glen Haven				rnie,	A.A.	Co., Md.
25A. DATE REC'D	BY HEALTH			AME OF REGISTRAR		UNERAL DIRECT		A	DDRESS	
	29 197	Robe	,34	Falley K.B.	STE	WART &	MOWEN	CO.108	W. No	orth Av.1
VS 151-REV. 1/1/6	8		1 7			1 0				

THE BEST TO LAND STREET, SOME STREET

8		BALTIMORE CITY	Y HEALTH DEPARTMENT		
0-35/ 71 71 BIRTH NO.	33	CERTIFICA	TE OF DEATH	REG. NO	71 7432
1. NAME OF DECEASED	1.		2. DATE A	ND HOUR OF DEAT	н
stamper,	M	inte G.	7	127/11	1 C 45 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If	
FULL NAME OF HOSMTAL OR ADDRESS OR LOCATIONI INSTITUTION	INSTIT	UTION, CIVE STREET	Md. LA	1.5. A.	ISIDE CITY LIMITS?
43			Baltimore E. STREET AND NUMBER		YES NO NO
	one	ral Hosp.	416 Fixeem		·
5. SEX 6. RACE 7. MJ	ARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
M W WID	OWED	DIVORCED _	3-2-09	1	
10A. USUAL OCCUPATION (Give kind of work 108, K	IND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)			Baltimore		American
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
Grant Stamper			Ada James		
15. Was Deceased Ever in U. S. Armed Forces?		1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of se	ervice)	2178-03-8963		nper 416 F.	reeman Street 25
18. 497X		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Y			^	BETWEEN ONSET AND DEATH
LEADING TO DEATH		(A)IMMEDIATE CAL	ice / 10 0.	Dan 200	Sour years
(This does not mean the mode of dying	, e.g.,		A CONSEQUENCE OF:	rmonace	52 7303
heart failure, asthenia, etc. It means the d injury at camplication which caused death.	isease,				· ·
ANTECEDENT CAUSES	•*		01	,	
		(8)	put. es	up lysem	en sergeres
DISEASES OR CONDITIONS, if any, ise to the above cause (A) stating		DUE TO, OR AS	A CONSIQUENCE OF:	//	0
UNDERLYING CONDITION last	g me	(c)			
11		(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING	6	7 10 1		
TO THE DEATH BUT NOT RELATED TO THE TERM	MINAL	6-	I. bleed	ng	10418
DISEASE OR CONDITION GIVEN IN PART 1 (A)	FOR V	VHICH OFFRATION	20A. AUTOPSY? (Yes or No	-1	F FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME  21A. ACCIDENT WAS UNDERLYING	D	THICH OTERATION	TOWN WOLD STATES OF THE		FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	1216	BLACE OF INTHEW !	a at all 101C Millions min	84 . 8	
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	hom	e, form, foctory, street, of	n or obout 21 C. WHERE DID	(It in boltim	ore City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hou	d 21E	INJURY OCCURRED	21F. HOW DID INJ	IIIBA OCCIIBS	
OF INJUST		le At   Not While		IDRI OCCOR:	
[APPROX.]	Wor				
22. I certify that (I) (this hospital) atte	nded th	ne deceased from	7/22	19 / 10	7/20 19 21
that (i) (we) lost sow the deceased aliv		7/22			oinlan death accurred on the date
ond hour and from the couses stated ab	ove. (I	(We) (did) (did not) y			
23A. SIGNATURE		, (, (	tow the body effect account		23 B. DATE SIGNED
00	- (	) . My . DAHO	nding Med.	Stoff [77]	5 / 4
ma surge	Ch	und DEGREE Phy	i. Director	Shaff Phys.	1/(27/21
23C. PHYSICIAN'S NAME (Typel			23D. ADDRESS		, , , , ,
CHUNG T	4	CHUNG	South Balti	mare 6	PURIOD HORD
24A. BURIAL CREMATION, 248. DATE	24C. N.A	ME of CEMETERY OF CRE	000-111	OCATION (	City, town or county) (State)
REMOVAL (Specify) 7/30/71		en Haven			Glen Burrie 20161
urial //30//1				0 0	greet burtle 20101
25A. DATE REC'D BY HEALTH DEPT. 25B, N	AME O	FREGISTRAR	25C. FUNERAL DIRECTOR	1	DA ADDRESS 7122
111 29 1071 124 42	Wa.	San 1680 17	Mety Day	2-1-237	Telapsen Vise
/\$ 150-REV. 1/1/68				7	

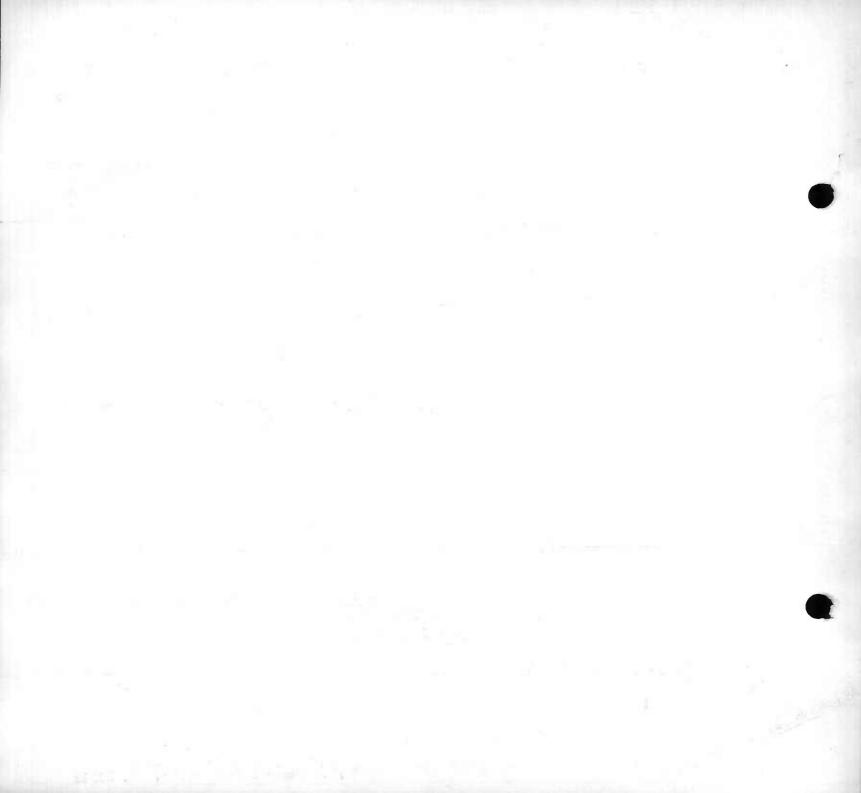


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, to death. Such IMPORTANT FUNERAL DIRECTOR:

BALTI	MORE CITY HEALTH DEPARTMENT
H-435 71 7134 CER	TIFICATE OF DEATH REG. NO. 1134
NAME OF DECEASED Type or Print Lembura Frances	2. DATE AND HOUR OF DEATH 7-25-7/ 103/ PM.
FRITTE CAT HOSTITAL OR INSTITUTION, GVE HOSTITAL OR INSTITUTION, GVE HOSTITAL OR INSTITUTION, GVE HOSTITAL OR INSTITUTION, GVE HOSTITAL OR INSTITUTION 8-2-	A STATE B. COUNTY  STREET  Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
The Johns Hopkins Hospital	Baltimore YES NO NO S. Street Avenue
	ORCED 4/19/24 48 47-
on usual occupation (Give kind of work 108, KIND OF BUSINESS Of Inches of Working life, even if retired). Restauran	f)
Lewis Baran	Mary Fusicl
5. Was Deceased Ever is U. S. Armed Forces? Yes, no of unknown) (If yes, give war of dates of service)  219-1	NO. Roland Altenburg Ave. Baltimore M.
heart failure, astheria, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	MEDIATE CAUSE Meningitis  JE 10, OR AS A CONSEQUENCE OF:  Wasto ibitis  Selt to be many  JE 10, OR AS A CONSEQUENCE OF:  JE 10, OR AS A CONSEQUENCE OF:  WASTO ibitis  Selt to be many  years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
194-Date of Operation 198 condition for which oper was performed Was to Mastoil	ATION 20A AUTOPSYS (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  NJURY (e.g., in or obout 21C, WHERE DID only, street, office bldg. INJURY OCCURY
21D. TIME (Month) (Doy) (Year) (Hous) 21E, INJURY OC While At Work	Not While At Work
22. I certify that (1) (this hospital) attended the decease that (1) (we) last sow the deceased alive an 2	and that in(my) (our) opinion death occurred on the dote
and hour and from the couses stoted obove. (1) (We) (did) 23A. SIGNATURE  Walter M. Malle M.D.	Attending Med. Staff 238. DATE SIGNED  238. DATE SIGNED  2 July 1971
	1.D. The Johns Hopkins Hospital
Burial 7-29-71 Oak La	NETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)  we cometery Baltimore, Md.  R 125C. FUNERAL DIRECTOR ADDRESS
JUL 29 1971 GAGE & SAME OF REGISTRA	1 1 0 1305   Fastern Ave Butimore Ma

V.S. 153 8-2-71 M.H.

VS 150-REV. 1/1/68



VS 151-REV. 3/1/68

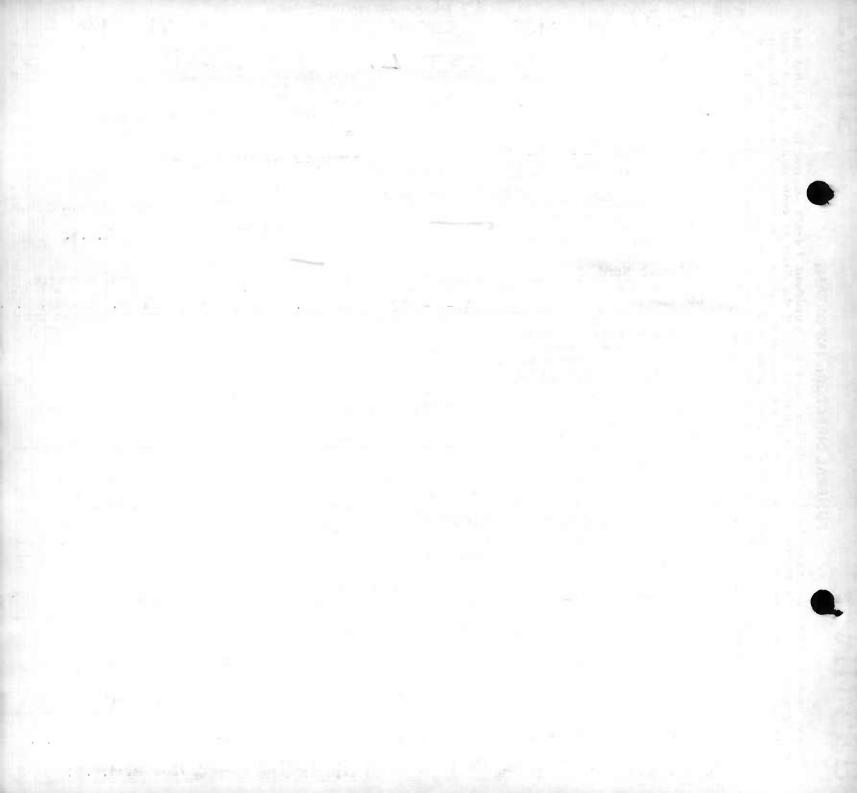
Howard H. Hubbard-4107 Wilkens Ave. 21229

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	e or Printl BR	ADLEY, MA	BEL I			Y 25, 197	
3, 1		ORE MARYLAND,					institution: residence before admiss
FU	LL NAME OF	OF NOT IN HOSPI	ITAL OR INST	ITUTION, GIVE STREET	MARYLAND	21228	
HO	SPITAL OR	ADDRESS OR LOC	ATION		C. CITY OR TOWN		SIDE CITY LIMITS?
	10- 00	NES HOSPI	T / 1		BALTIMORE		YES NO K
	SI. AG	MES HOSFI	IAL			CHOICE L	87 Avalon Avenue
5. \$	FY 16.	RACE	17. as a pour	XNEVER MARRIED	S DATE OF BIRTH	19. AGE (In years	
F	EMALE	WHITE	WIDOWE	DIVORCED	10 03 98	lost biahday)	Months Doys Hours Min
		LTION (Give kind of wo king life, even if refired)		OF BUSINESS OR INDUSTR	IY 11. BIRTHPLACE (Stoto or fore	eign countryl	12. CITIZEN OF WHAT COUN
	HOUSEWIF			EMAKER	MARYLAND		U. S. A.
13.	FATHER'S NAME	2.0			14. MOTHER'S MAIDEN NA	ME	
V	VILLIAM	BURKEHOUS	E		VICTORIA YE	CKO	
5. 1 Yes	Wee Deceased Ev	er in U. S. Armed Fo	orces?	SECURITY NO.	17. INFORMANT		ADDRESS
	10			31.000	ST AGNES HO	SPITAL BA	LTO;MD. 21229
	18, 250,	91		CAUSE OF DEA	TH C	,	APPROXIMATE INTERV.
		OF CONDITION D ADING TO DEATH			La late	caeme -	
	(This does not		_	(A) IMMEDIATE CA	AUSE	caeure	
		meon me mone o	w aving, e.c	CHETO OF A	C A CONTEROUPLION OF		
	heart failure, as	thenia, etc. It mean	s the diseas	DUE TO, OR A	S A CONSEQUENCE OF		
	heart failure, as injury or compli	thenia, etc. It mean cation which cause	s the diseas d death.)	DUE TO, OR A	S A CONSEQUENCE OF	Union Track	Specien
	heart failure, as injury or compli AN	thenia, etc. It mean cation which cause TECEDENT CAUSE	s the diseas d death.)	DUE 10, OR A	a hels Nelliti, d	lning Trail	Spectin
	heart faiture, as injury or compli AN DISEASES OR	thenia, etc. It mean cation which cause TECEDENT CAUSE CONDITIONS, If	s the diseased death.) :S any, givin	g (8) DUE TO, OR A	S A CONSEQUENCE OF	Uning Track	Spectin
	heart failure, assimilarly or compliant AN DISEASES OR size to the	thenia, etc. It mean cation which cause TECEDENT CAUSE	s the diseased death.) :S any, givin	g (8) DUE TO, OR A	a hels Nelliti, d	Uning Track	Spectin
	heart failure, assimilarly or compliant AN DISEASES OR size to the	thenia, etc. It mean cation which cause TECEDENT CAUSE CONDITIONS, If above cause (A)	s the diseased death.) :S any, givin	(B) DUE TO, OR A	a hels Nelliti, d	lning Track	Spectin
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	heart failure, as injury or compliant or compliant or compliant or compliant or compliant or compliant or complex signification or compliant or comp	thenia, etc. It mean cation which cause TECEDENT CAUSE CONDITIONS, If above cause (A) CONDITION last.  II ANT CONDITION S COUNTY NOT RELATED TO DITION GIVEN IN PAPERATION 198 COUNTY PERATION 198 COUNTY NO CAUSE OF	s the diseased death.)  S any, givin ) stating th  ONTRIBUTING THE TERMINAL RET 1 (A). NOTION FOR	(b) DUE TO, OR A (c) CO.	S A CONSEQUENCE OF	o) 208, IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
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MEDICAL	heart failure, as: injury or compliant  AN  DISEASES OR rise to the UNDERLYING  OTHER SIGNIFICATO TO THE DEATH I DISEASE OR CON 19A-DATE OF OR  21A-ACCIDENT OR CONTRIBUTE DEATH (notify me)  21D-TIME OF INJURY (APPROX.I  22. I certify the thot (1) (we) lo ond hour ond fi 23A-SIGNATURE  23C-PHYSICIAN NAME (Type May  1	thenia, etc. It mean cation which cause tecedent Cause tecedent Cause (A) CONDITIONS, If above cause (A) CONDITION last.  ANT CONDITION CONDITIONS CONDITION GIVEN IN PARTICULATION DISTRIBUTION GIVEN IN PARTICULATION GIVEN IN PARTICULATION (GIVEN IN PARTICULATION) (Team of (I)) (this hospitalist sow the decease of the couses stated of the couse	any, givin any, givin stating the stating	DUE TO, OR A  (8) DUE TO, OR A  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	20A AUTOPSY? (Yes of No. of a consequence of:  20A AUTOPSY? (Yes of No. of a consequence of:  21F. How DID IN.	OI 208, IF YES, WERI IN CERTIFYING C  (If In Baltim  JURY OCCUR?  19 71 to 110  hat In (#/y/) (our) of Phys.   SPITAL-BAL	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  11 Y 25 19 7  pinion death occurred on the
MEDICAL	heart failure, as: injury or compliant AN DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATO THE DEATH I DISEASE OR CON 19A-DATE OF OR 21A-ACCIDENT OR CONTRIBUTE DEATH (notify many Lapprox.) 22. I certify the thot (1) (we) lo ond hour ond fi 23A-SIGNATURE 23C-PHYSICIANT NAME (1ype)	thenia, etc. It mean cation which cause tecedent Cause tecedent Cause (A) CONDITIONS, If above cause (A) CONDITION last.  ANT CONDITION CONDITIONS CONDITION GIVEN IN PAPERATION IN PAPERATION IN PAPERATION IN PAPERATION (Condition of Cause of Caus	any, givin any, givin stating the stating	DUE TO, OR A  (8) DUE TO, OR A  (C)  R WHICH OPERATION  RE PLACE OF INJURY (a.g., orme, factory, street, c.)  LE INJURY OCCURED  While At Not Will At Work  The deceased from At Work  The deceased from At Work  DEGREE  M. D. DEGREE   20A. AUTOPSY? (Yes or N  20A. AUTOPSY? (Yes or N  21F. HOW DID IN.   OI 208, IF YES, WERI IN CERTIFYING C  (If In Baltim  JURY OCCUR?  19 71 to 110  hat In (#/y/) (our) of Phys.   SPITAL-BAL	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  III Y 25 19 7  pinion death occurred on the  238. DATE SIGNED  T0; MD . 21229  City, town, or county) (Sta		

. . .

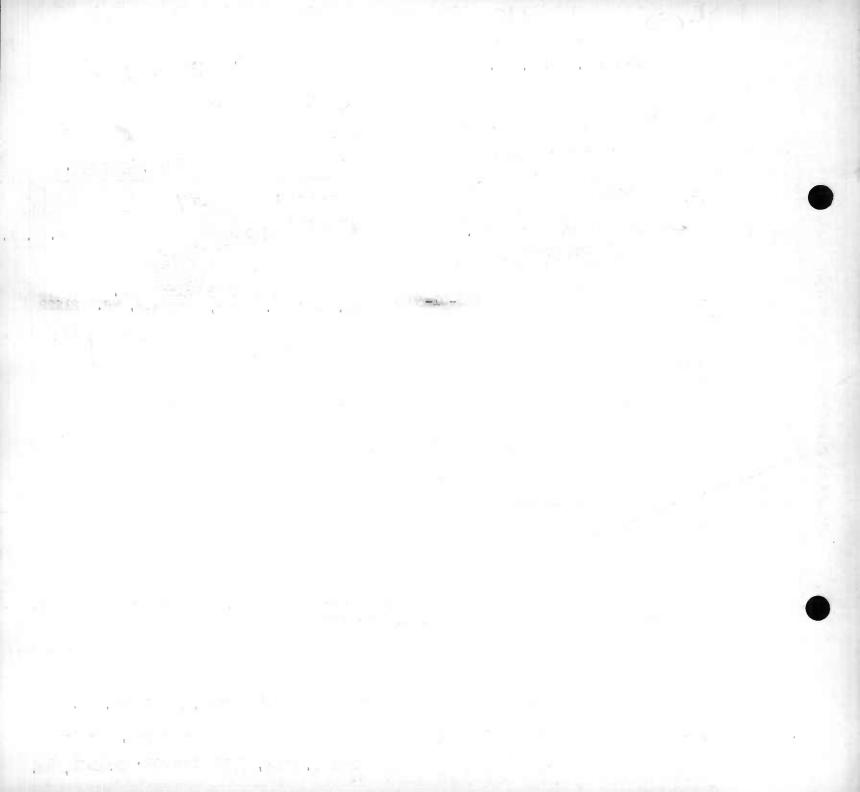
1	1/120	BALTIMORE CITY	HEALTH DEPARTMENT		
	RTH NO. 71 7138	CERTIFICA	TE OF DEATH	REG. NO.	7138
		NEST L	2. DATE AN	D HOUR OF DEATH	1120 D.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PE		4. USUAL RESIDENCE I When	e deceased lived. If institu	ution: residence before admission)
FI	ULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	And it	2642 CITY LIMITS?
1	lab-4	1 11 - 1	BXITIMOS		ES NO
		Al Hospital	E. STREET AND NUMBER	Idon Ay.	
1	WIDO WIDO		06-26-16	lost birthday)	Under 1 Yr. If Under 24 Hrs. onths Days Hours Min.
qo 10.	A. USUAL OCCUPATION (Give kind of work 108, KIN no during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign	gn country)	2. CITIZEN OF WHAT COUNTRY?
12	SAL29/AC		nem Jobse		U.S.A.
1	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Me Mordgren	
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? ss, no or unknown) Uf yes, give war or dotes of serv	icel SECURITY NO.	17. INFORMANT		ADDRESS 33,71,7
	No	071-10-1433	Nelson L. Nord	Waterman Hill	Rd. Kennedy, N.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dving	e.g., DUE TO, OP AS	SE IT COTE ILL I		*******
	heart failure, asthenia, etc. It means the disc injury ar complication which caused death.)	ease,			
	ANTECEDENT CAUSES	(157 A D)(1)	51(1980i	Sting	
	DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c)		*****	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE	NG NAL			
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FINE IN CERTIFYING CAUSES	OINGS CONSIDERED S OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exomined)	21B.PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID	(if In Boltimore Ci	ly, give exect location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At  Not While Work  At Work	21F. HOW DID INJU	RT OCCUR?	
	22. 1 certify that (1) (this hospital) aftend	ed the deceased from		to 7-2	10 )
	that (1) (we) ast saw the deceased alive	7 7 1	19and tha	t in (my) (our) ppinlor	death accurred on the date
	and hour and from the causes stated abov	e. (1) (did) (did not) vi			
	23A. SIGNATURE	18	nding Med.		DATE SIGNED
	23 C. PHYSICIAN'S	DEGREE Phys.	Director L P	hys.	1-24-11
	NAME (Type)  SAIRO RAMI	562 WD 1	3D. ADDRESS	PW HO	300.
24/	A. BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY OF CREE	0 10 10	C 10(	own, or county)
	Burial 7-29-71	Jamestown Cemet	erv Jame	estown	N.Y.
25/	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
(A)	150-REV. 1/1/68	Page 1 0 0	Lassahn Duner	al Home 7401	Belair Rd. 21236



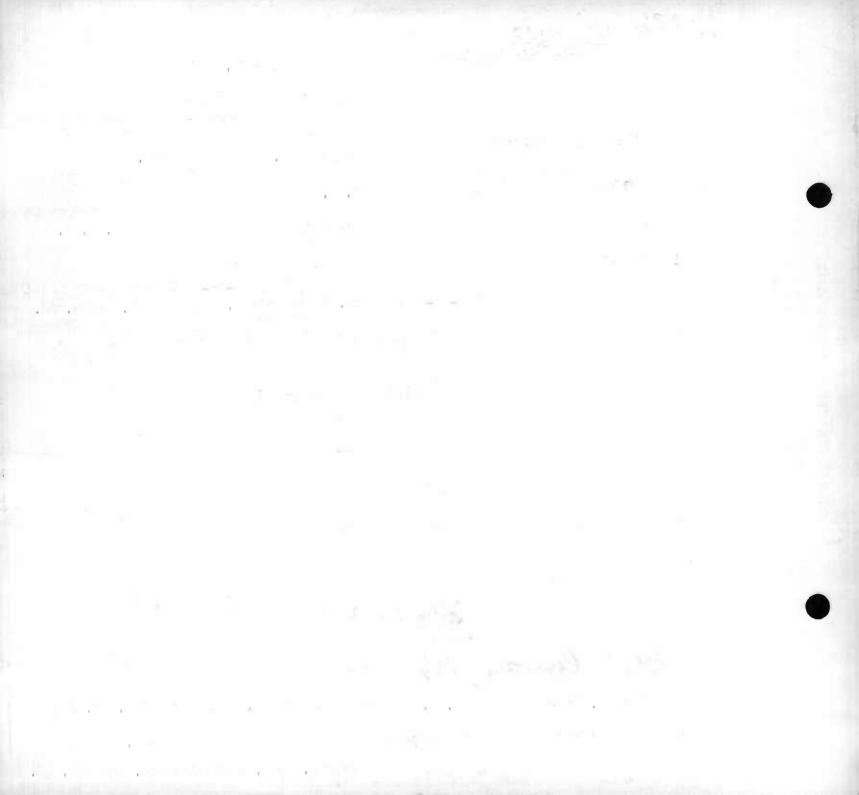
T-54	0 71	7139		HEALTH DEPARTMENT	11	71 7439	
I.NAME OF DE	CEASED (	7	T		E AND HOUR OF DEATH	1/2	-
3. PLACE IN BA	LTIMORE MARYLAND, V			IN SINIE	OUNII	institution: residence before	odmission
HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	Maryland 2 c.CITY OR TOWN Baltimore	1212 21221 p. in:	SIDE CITY LIMITS? YES NO	
00	Baltimore,			E. STREET AND NUMBER 1933 Cape No		120 100	J
Male	Caucasian	7- MARRIED WIDOWED	DIVORCED	May 1,1889	9. AGE (In years last birthday)	II Under 1 Yr. If Un Months Doys Hours	der 24 Hrs Min.
oa. Usual occione during most of Postmast	Working life, even if refired]	US Ma	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or Maryland	foreign country)	USA	COUNTR
3. FATHER'S NA	Me Charles	Tinley		14. MOTHER'S MAIDEN Carrie Her			
5. Wos Deceosed Yes, no or unknown No	Ever in U. S. Armed For	ces? es of service)	16. SOCIAL SECURITY NO. 216-16-3545	IT. INFORMANT Joan Hall Pen	nkerton Dr. Se	ADDRESS alisbury Md.21	1801
DISEASES ( ise in the UNDERLYING  OTHER SIGNII	ANTECEDENT CAUSES  OR CONDITIONS, if  o above cause (A)  G CONDITION last.  II  FICANT CONDITIONS CO  II BUT NOT RELATED TO TO  ONDITION GIVEN IN PAR	any, giving staling the	(B) Cerchon DUE 10, OR AS (C) Color	A CONSEQUENCE OF:	- Di	Ben Somban	
19A-DATE OF	OPERATION 198 CON	DITION FOR V	WHICH OFERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
. OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF medical examined	21 B, ham elcJ	PLACE OF INJURY (e.g., in e, farm, factory, street, aff	or about 21 C. WHERE DIE	) (If In Boltimor	re City, give exoct location)	
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year		INJURY OCCURRED  Ile At		INJURY OCCUR?		
	that (I) (this hespite) last saw the decease			7// <del>9</del> / /_19_2/and		7/26/1	
23A. SIGHTATU	of B By	ed above. (1	) ( <del>We) (did</del> ) (did nat) vi	ding Med.	Staff Phys.	23 B. DATE SIGNED 2/2/	
23C. PHYSICIA NAME (T	Dr. Albert		dley	4900 Belair B		Md.	
REMOVAL (Burial	MATION, 248. DATE	24C. NA	ME of CEMETERY of CRE/	MATORY 24D		ity, town, or countyl	(Stotel
5A, DATE SEC'D	OF CONTRACT	258 NAME O	F REGISTRAR		ral Home Balt	ADDRESS	

23/1 1414-

1	3-650 71 7140	CEDTIFICA	HEALTH DEPARTMENT	× REG. NO. 71	7140
	RTH NO. BROWN-JA	ME S	TE OF DEATH	/	
	ype or Paint James E. Brown, Sr.	•	2. Pally	NO HOUR OF DEATH	255
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONC		14. USUAL RESIDENCE (Wh	ere deceased lived. Il inc	127/2 3 Am.
- 11			A STATE PY DE COU		motions residence before dumission)
H	ULL NAME OF OSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)		Maryland c. City or town	Baltimore	
	Church Home & Ho	spital	Dundalk &	etime D. INSIL	YES NO PC
K	huch Home y Horpital	_	C CYPETY AND ALVANCE	ALL T ALM	TEST NO E
			1823-WAL	NUT AUG 1823	Walnut Ave.
N	White WIDOWED		1-17-14	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Manths Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work IOB, KIND O		11. BIRTHPLACE (State or low Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY?
11	Retired Rothlehom Steel	Co.	M	D	(65. U.S. 1
13.	FATHER'S NAME WILLIAM Brown WILL M _ S R	Nw	14. MOTHER'S MAIDEN NA BESS		own
15.	Was Deceased Ever in U. S. Armed Forces? s,na ar unknown) (If yes, give war or dates of service)	1 6. SOCIAL	17		+ Are ADDRESS
	No	216-01-5921	Mrs. Marie E.		alk, Md. 21222.
	18.	CAUSE OF DEATH		Dionii	APPROXIMATE INTERVAL
	DISEASE OF CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAU	E quertionable	Co lung Con	lev
	hearl lailure, asthenia, etc. Il means the disease.	DUE TO, OR AS A	CONSEQUENCE OF:	0	***************************************
	injury or camplication which caused death.)				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	(B) 30 Ban	A CONSEQUENCE OF:	Reest due to	PinnyCana
11	rise to the above cause (A) stating the		A CONSEQUENCE OF:		P
	UNDERLYING CONDITION lost.	(c) <u></u>	<del></del>		***************************************
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1.12			
ERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	not Know	M		
문	19A DATE OF OPERATION 19B CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes of No	20B. IF YES, WERE FIR	NDINGS CONSIDERED SES OF DEATH?
ERT	1 11-1-21		NO	IN CERTIFYING CAUS	SES OF DEATH?
MEDICAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	PLACE OF INJURY (e.g., in ne, form, loctory, street, offi )	ar about 21C, WHERE DID ce bidg., INJURY OCCUR?	(II In Baltimore	City, give exoci locotion)
NED!	21D-TIME (Month) (Doy) (Yearl (Hour) 21E	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
2	(APPROX.) Wh	ile At Wark		O miles	
	22. I certify that (I) (this hospital) attended t		201-71	19 71 to 7-	9-7 20-
	that (I) (we) lost saw the deceased alive an	19 12 10 2	37 19/7/ and th	at In (my) (aux) anini	an death accurred an the date
	and have and from the causes stated above. (I	(We) (did) (did not) vi	ew the hady after death	ar intinat (and about	on death accoured an the date
	23A, 5IGN AT LISE	1.10. 121 11.0		12	38 DATE SIGNED 7/27/71
	Sofact	Aften	ding Med.		71-7-27
	23C. PHYSICIAN'S NAME (Type)  DR SATADI		D. ADDRESS	rnys.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	CORAZON 2. OFREAM	2A 4.A	Church Home & H	ospital, Balt	timore, Md.
24A	BURIAL CREMATION, 24B. DATE 24C.N.	AME of CEMETERY OF CREA			fown, or county) (State)
В	urial 7/30/71 Ho	ly Redeemer Cer		**	more, Maryland
l ——		OF REGISTRAR	John J. Duda,		
VS	150-REV. 1/1/68	THE PARTY OF THE P	1 0 7		



-236		HEALTH DEPARTMENT	X pro vo 191	
BIRTH NO. 71 714T	CERTIFICA	TE OF DEATH	REG. NO.	1 7141
(Type or Print) Essie Maie Lass	iter		27, 1971	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived, If inst	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ION, GIVE STREET	Maryland	Baltimore	5300
Baltimore City Hospital		Lodge Forest		E CITY LIMITS? YES NO 🏝
		Box 400 Rt. #1	10 Willow Av	70.
remale White Widowed K	NEVER MARRIED DIVORCED	AND OF TACO	70	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF 81 done during most of working life, even if retired) HOUSEWITE	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country!	12. CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME Frank Smith		14. MOTHER'S MAIDEN NAM Annie Hol		
15. Wos Deceased Ever in U. S. Armed Forces? IYes, no or unknown! (If yes, give wor or dates of service) No	5. SOCIAL SECURITY NO. 17-40-6848	17. INFORMANT (Daught Mrs. Helen Wetz	ter-in-Law)	7728 ANOTED Point
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	Capoli	SE A CONSEQUENCE OF: ACONSEQUENCE OF:	faction	2 KRS Immedie
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  U19A-DATE OF OPERATION 19B CONDITION FOR WHI	CH Ober Men			
WAS PERFORMED	CH OPERATION	No No	IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
O DEATH (notify medical examine) home, (etc.)	ACE OF INJURY (e.g., in form, foctory, street, affi	or obout 21 C. WHERE DID co bidg., INJURY OCCUR?	(If In Boltimore C	fly, give exoci locotion)
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, IN. While A	JURY OCCURRED  Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (I) (this hospital) attended the a	July 2)	19 7 ( and the	//	uly 27 19 76 in death accurred on the date
and haur and fram the causes stated above. (I) (W	(did) (did nat) vi	ew the bady after death.		
John Convay	M DEGREE Atten	ding Med. S	Staff 23	7/28/71
John V. Conway	M. D.	914 D Street	, Sparrows Po	oint, Md. 21219
m den las	of CEMETERY of CREA	AATORY 24D. LO	CATION ICity,	town, or county) [State]
JUL 29 1971 Page 8 30 P. 70	EGISTRAR	John J. Duda		ADDRESS ve. Dundalk, Md.



IMPORTANT

DIRECTOR:

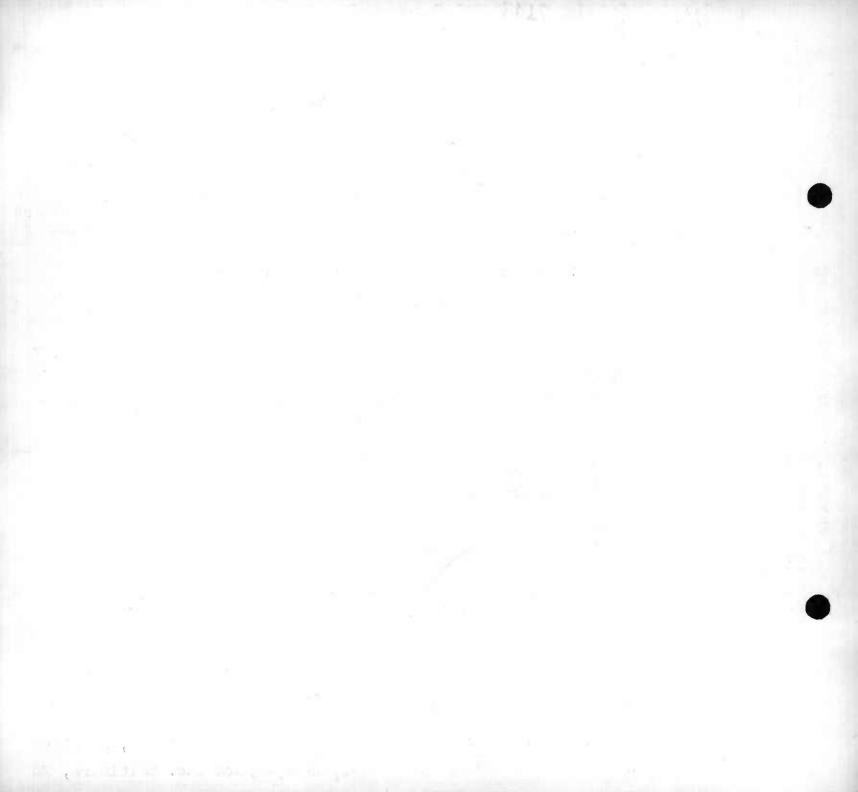
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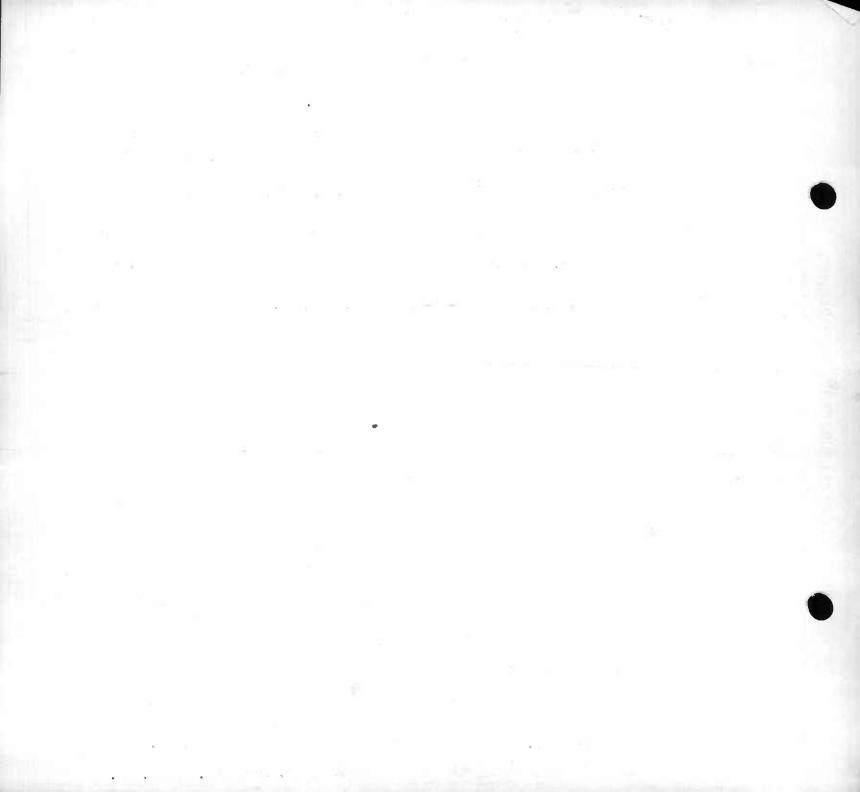
FUNERAL DIRECTOR: IMPORTANT

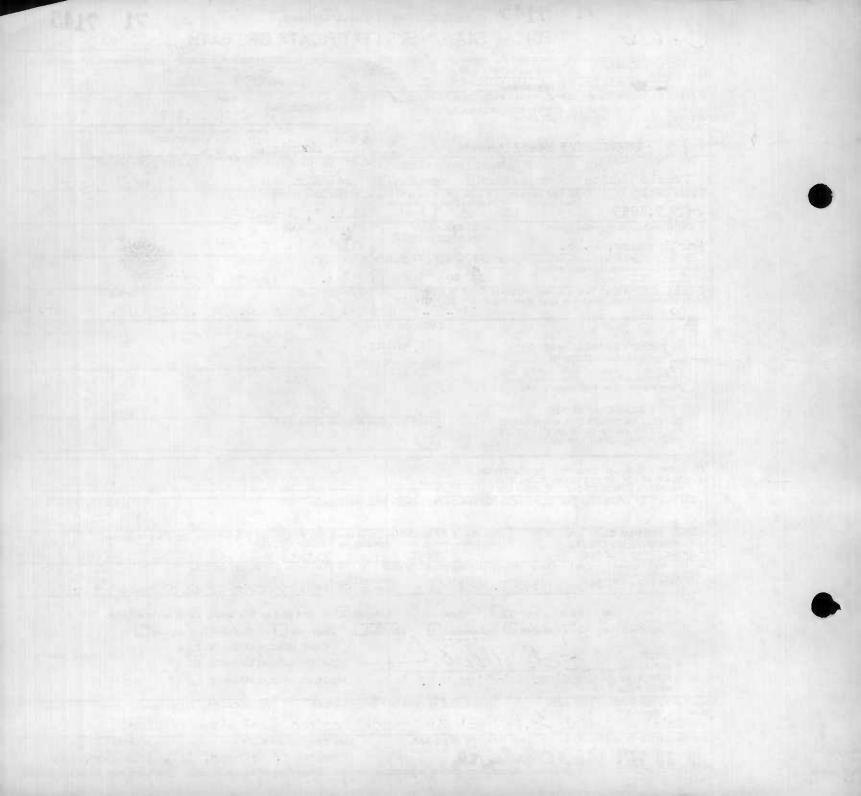
	71 7143 BALTIMORE	CITY HEALTH DEPARTMENT						
	BIRTH NO. 324 CERTIFIC	CATE OF DEATH REG. NO. 171 17143						
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
	Gottschalk, Edward	1-26-71 7:30 D M.						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institutions residence before a mission) A. STATE B. COUNTY						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	maryland + 100						
	INSTITUTION	C. CITY OR TOWN  D. INSIDE CITY LIMITS?						
	North Charles General Hospito	E. STREET AND NUMBER						
6		2825 Christopher Avenue						
mad	S. SEX 6. RACE 7. MARRIED NEVER MARRIED							
S	WIDOWED DIVORCED	□ 6-6-08 63						
0	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLA CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
disposition	Managing Editor Daily Record	- Manyland USA						
od	13. FAIRER'S NAME	14. MOTHER'S MAIDEN NAME						
dis	John Gottschalk	Hanes Roberts						
final	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yos, give war ar doles af service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
	716 3/5-09-850	C. T.						
0	DISEASE OR CONDITION DIRECTLY	EATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH						
9	LEADING TO DEATH	CAUSE ETTERLAND Bronocheronomia Kenny						
balmed		AS A CONSEQUENCE OF:						
Ĕ.	injury or complication which caused death.)	concregence a - Months						
0	ANTECEDENT CAUSES (B) Pleual Failure a Recent							
9 1	DISEASES OR CONDITIONS, it any, giving nise to the above cause (A) stating the							
	UNDERLYING CONDITION last. (c) Hicklieles Mille Stus D yes							
remains	z II							
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
the	S DISEASE OR CONDITION GIVEN IN PART 1 (A).							
	WAS PERFORMED WAS PERFORMED	140						
before	OR CONTRIBUTING CAUSE OF	go in or obout 21 C. WHERE DID (It in Boltimore City, give exact lacation)						
	O DEATH (notify modical exomined etc.)							
bfained	21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  White AI D. Nol White D.							
B	(APPROX.)							
0	22. I certify that (1) (this hospital) attended the deceased from							
Pe	that (1) (we) last saw the deceased alive an							
	and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death.							
must	23A. SIGNATURE  Attending Med. Staff Co. 238, DATE SIGNED							
approval	- Court	Phys. Director L. Phys. LV						
0	23C. PHYSICIAN'S NAME Type)  123D. ADDRESS 1							
ddr	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF	CREMATORY PAR ISSAILE JUL 1999						
	REMOVAL (Specify)	11.40						
Written	Burial 7/30/71 Parkwood  25A. DATE SECONY HEALTH, DEBTA 25B. NAME ON REGISTRAN	25C. FUNERAL DIRECTOR ADDRESS						
3	JUL 29 1971 068 8 E. Marier 18 16 1	Leonard J Ruck Inc. Baltimore, Md						
- 1	VC 150-PEV 1/1/49							



	ath occurred in a hospital and recontributing cause of death determined cause; (5) Deceased in regular attendance on the deceased prior to death. Such ion is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate muthe body was relesshows: (1) An accided was D.O.A. at a hadeceased prior to written approval n

BIF	M-250	71	7144		TE OF DEATH	REG. NO	71	7144
	NAME OF DECEAS pe or Print)	John	۷.	McKewen	2. DATE A	ND HOUR OF DEATH	1	12-2
3.	PLACE IN BALTIMO	DRE MARYLAND, V	VHERE PRO	ONO UN CED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If in NTY	stitution: 16	esidence before admission)
H	ILL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR IN ATION)	STITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
7	Edgewoo	d Nursing	Home		E. STREET AND NUMBER 3215 N. Charles Street			
M	Male V	ACE Vhite	WIDOW		8. DATE OF BIRTH Jan. 1, 1899.	9. AGE (In years last birthdoy) 72	If Under Months	T 1 Yı. II Under 24 His. Doys Houis Min.
F	letired Cer	MON(Give kind of worling life, even if relired) tified Pub	1	OF BUSINESS OR INDUSTRY	11. B(RTHPLACE (Stote of low Maryland	-	12 <b>, C</b> 1112	USA
	FATHER'S NAME	John H.		wen	14. MOTHER'S MAIDEN NAME Margaret C.			Neary
15. (Ye:	sing of unknown) (II )	in U. S. Armed Forces, give war ar date of the W. W.	s of service	16. SOCIAL SECURITY NO. 212-20-4782	Mrs. Marie V. 1	McKewen		ADDRESS (Same)
NOI	(This does not n heart laiture, asth injury or camplica ANTI DISEASES OR (rise to the disease of	II IT CONDITIONS CO	any, giv	ing (B) DUE TO, OR AS the (C)	A CONSEQUENCE OF:			1 year
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	OR CONTRIBUTING CAUSE OF				or obout 21 C. WHERE DID	(If In Boltimore	City, give	exocl locotion)
MEDICAL	21 D. TIME (Mo OF INJURY (APPROX.)	nth) (Doy) (Year)	(Hour)	21E INJURY OCCURRED  While AI Not While Work  At Work	21 F. HOW DID IN.	JURY OCCUR?		
	22. I certify that (1) (this hospital) attended the deceased from warring 1971 to flow 1971 to							
	23A. SIGNATURE  Altend Phys.  23C. PHYSICIAN'S  [23]				Director L	Director L Phys. L		
244	NAME (Type)	TOU. SAW	ER	JR. M.D.	3D. ADDRESS 41808 Harf	ord Pel.	Bue	to rul.
-75	REMOVAL (Specific Runion)	- /		NAME of CEMETERY of CRE			y, town, or	county) (Stote)
2SA	JUL 29 1	7/31/7 1EALTH DEPT. 971 Paber	2SB. NAN	loly Redeemer Cer Re OF REGISTRAR Bely A.D.	2SC. FUNERAL DIRECTO. Leonard J. R			ADDRESS
15	150-REV. 1/1/68							





JUL 30 1971 Cole 3

VS 150-REV. 1/1/68

258. HAMOOF REGISTRAR

110			typi-selv	BALTIMORE CITY	HEALTH DEPARTMEN	IT .	71 1	410
BIPTI	-500	)	- A6	CERTIFICA	TE OF DEAT	H REG.	VO	146
1. NA	ME OF DEC!		/140		2. DA	TE AND HOUR OF	DEATH	
		BOWEN,	SADIE	JOSE PHINE		JLY 28, 1	971	5:40A.
3. PL	ACE IN BALT	IMORE MARYLAND, W	HERE PRONO	INCED DEAD	4. USUAL RESIDENCE A. STATE B. (	(Where deceased liv	ed. If institution: a	esidence belose admissias
HOS	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JHON, GIVE STREET	MARYLAND c. CITY OR TOWN	BALTI	MORE D. INSIDE CITY L	21133 IMITS?
1	10	ST. AG	NES HO	SPITAL	RANDALLST (	ER	YES [	ио 🛚
-						MARRIOT		RD.
	EMALE	6. RACE WHITE	WIDOWED		8. DATE OF BIRTH 01 06 93	9. AGE (In year last birthday)	ors If Under Months	Doys Hours Min.
done	JSUAL OCCU	PATION (Give kind of work orking life, even it retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r loreign country)	12. CITI	ZEN OF WHAT COUNTE
	Housew				MARYLAND		U.S	S.A.
13. F/	ATHER'S NAM	NE .			14. MOTHER'S MAIDEN	NAME		
Anna a	ohn	Edward	-	wen	OLIVIA (MOR			
Yes,	es Deceased 10 of unknown) NO	Ever in U. S. Armed For (II yes, give wor or dote None	ces? s of service)	16. SOCIAL SECURITY NO. 212098343	ST AGNES H	KENS AVE	S. BALTO	0.000 N E
1	B. 41 /	0.7		CAUSE OF DEAT			TE COMES	APPROXIMATE INTERVAL
		OR CONDITION DIR	RECTLY		00		1 7	BETWEEN ONSET AND DEAT
<b>    </b>  ,		LEADING TO DEATH	dvina o a	(A) IMMEDIATE CAU	SE// YOCCOLD	lial hugh	eshou	12 da
	reart lailure, a	asthenia, etc. It means dication which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	/		
'		NTECEDENT CAUSES	dedin.	200	110			mids 1.
1		R CONDITIONS, if	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:			1000
ri	ise to the	above cause (A)		(a)				
		11		(c)				***************************************
ATION	O THE DEATH	CANT CONDITIONS CON BUT NOT RELATED TO THE ENDITION GIVEN IN PART	IE TERMINAL	Salue	ouany	Cu Sol's	u	**************************************
CERTIFICATION	A DATE OF	OPERATION 198 CONI WAS PERF	DITION FOR W	HICH OPERATION	NO NO	or No. 208. IF YES, IN CERTIFYIS	WERE FINDINGS	CONSIDERED DEATH?
	A ACCIDENT R CONTRIBUTE EATH (notify in	T WAS UNDERLYING TING CAUSE OF	218, home etc.)	PLACE OF INJURY (e.g., in p. form, lociory, street, of	or obout 21 C. WHERE D	ID (II In I	Boltimore City, giv	e exoct location)
0 2	D. TIME	(Month) (Doy) (Yeoil	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?		
20	APPROX.)		Whit	e At  Not While				
				e deceased from	INE 16	19 _71_to	JULY 2	8 19 71
11	nat (X) (we) !	ast saw the decease	d alive on	ULY 28	19 <u>71</u> or	d that In (my) (or	er) opinion dea	th occurred on the da
			ed above. XI)	(We) (did) (dXdXnXt) v	lew the body ofter de	ath.		
23	A. SIGNATUR	1 000	-7	444			23 B. DAT	E SIGNED
	Mu	W/13lix	stph	14 / P / _ Dhue		Staff Phys.	7/	28/71
2	NAME (Ty	AULO WESTPI	JELEN A	4D	3D. ADDRESS		/	,
24A.	BURIAL CREAT	AULU WESTPI	THA LEIV I	DEGREE	CATON & WI	LKENS AVE	S. BALT	0.,MD.21229
1.414	BURIAL CREM REMOVAL (S <sub>I</sub>	7/31/10		ME of CEMETERY of CRE	MATORY 24	D. LOCATION	(City, town, o	r county) (Stote)

25C. FUNERAL DIRECTOR 8728

Loring Byers

Liberty

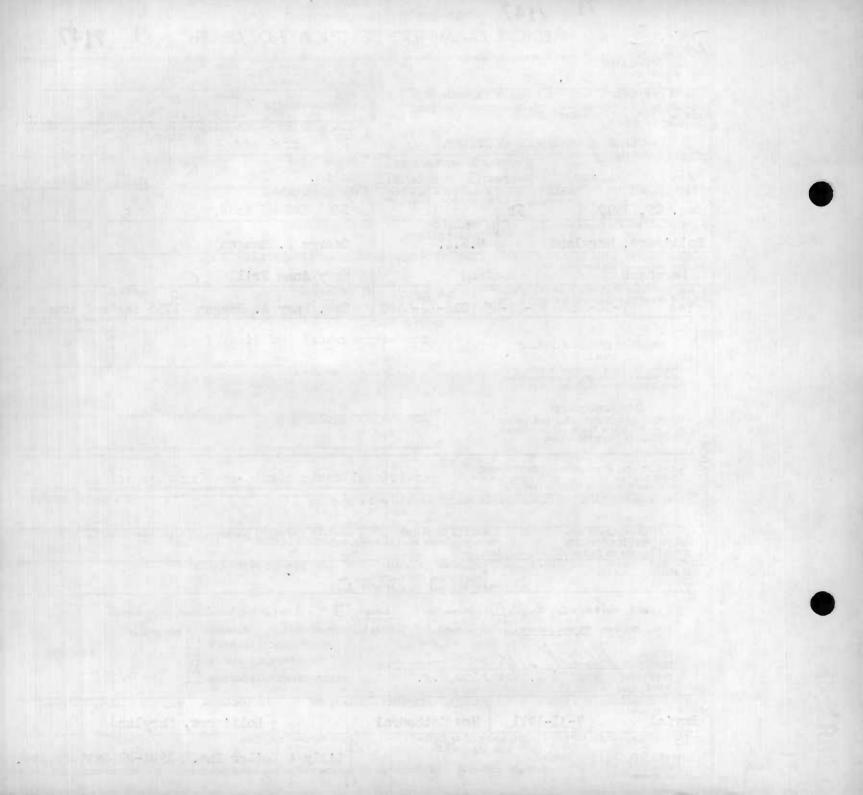
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Road

Directors,

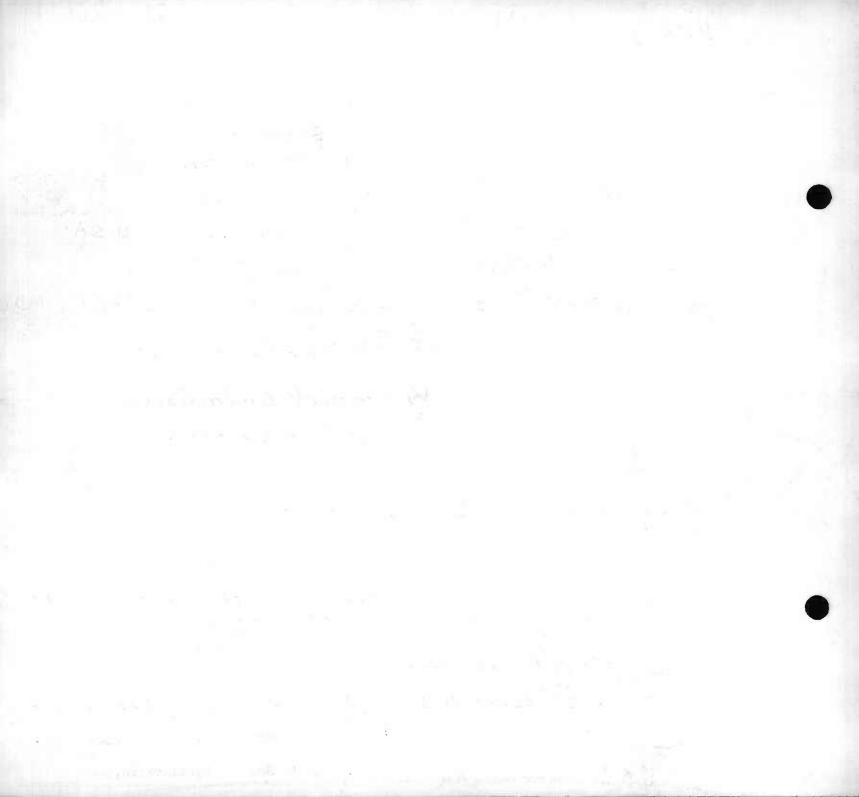
nation of the state of the stat The state of the s . - ENCHOSE HE SE N- 11 THE 3315 2003 ETTERNOLISM OF THE STATE OF THE

71 7147, BALTIMORE CITY HE	EALTH DEPARTMENT
	CERTIFICATE OF DEATH REG. NO. 1 7147
I. NAME OF DECEASED (Type or Print) CHARLES B. REAGAN	2. DATE Known Month Day Year Hnur OF DEATH Estimated Manual Manua
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy Year Hour 7:00 A. M.
CHURCH HOME AND HOSPITAL	S. USUAL RESIDENCE (Where deceased lived. If Institution; residence before odmission)  A. STATE  Mary land  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	Balto. D. INSIDE CITY LIMITS?
9. DATE OF BIRTH 10. AGE (In years If Under ) Yr. If Under 24 Hrs. Dec. 29, 1919   Iost birthday) 51   Months Days Hours Min.	IE. STREET AND NUMBER
Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY?	George F. Reagan
14A.USUAL OCCUPATION (Give kind al work 14B. KIND OF BUSINESS OR INDUSTR done during most of working tile, even if retired)  Merchant  Seafod	Mary Anne Brill
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give, war or doles of service) Yes 17-28-42 10-23-45 216-12-0408	Mrs. Mary A. Reagan 1736 Eastern Avenue
DISEASE ON COMMINION DIRECTE	tamorphosis of liver
LEADING TO DEATH  (This does not mean the made of dying, e.g., heart loilure, asthenia, etc. it means the disease, injury or complication which caused death.)	CAUSE AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITION EAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	osclerotic cardiovascular disease
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)  yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., home, farm, loctory, street, offic UTING CAUSE OF DEATH.  22D. TIME (Month) (Dov) (Year) (Hour) 22E.INJURY OCCURRED.	In or obout 22C, WHERE DID (I in Boltimore City, give exact location) bidg., etc.) INJURY OCCUR?
OF INJURY  (APPROX.)  WHILE AT NOT	22F. HOW DID INJURY OCCUR?
23.  I certify that I held on Inquiry Inspection Au	and that on this basis, death in my opinion
ACTUAL Natural causes Accident Suicid	Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE AND M.D. EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSISTANT MEDICAL EVAMINED IX I
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY Burial 7-31-1971 New Cathedral	
25A. DATE REC'D BY HEALTH DEPT. 25B. HAMA OF REGISTRAR	Baltimore, Maryland  25C. FUNERAL DIRECTOR ADDRESS  Lilly & Zeiler Inc. 1901-07 Eastern Ave.
VS 151-REV. 1/1/68	THE TYPE THE TYPE TO THE TYPE THE TYPE THE TYPE THE TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYP



FUNERAL DIRECTOR: IMPORTANT

M-624 71 714		TE OF DEATH	KEG. NO.	71 7148						
1. NAME OF DECEASED			D HOUR OF DEATH							
	JAMES. K.	41 8	25711.	1 8 9.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UNCED DEAD	4. USUAL RESIDENCE IWhen	deceased lived. If in	stitution residence before admission						
FULL NAME OF IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Md	anne o	arus del 5						
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	The second second	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?						
SUNIVERSITY HOSP	t man A t	CROSTON	Mol	YES NO						
GWINEKSII 9 HOSP	ITAL	E. STREET AND NUMBER	D /							
SEX   6. RACE   7. AAA.D.		17/17 ru	no Rd.							
M WIDO		12/23/28	AGE (In years ast birthday)	If Under 1 Ys. If Under 24 Hr Months Doys Hours Min.						
OA, USUAL OCCUPATION (Give kind of work 108, KIN ane during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTE						
	HOOL	WASHINGTON	DC.	u's'A						
3. FATHER'S NAME	HOON	14. MOTHER'S MAIDEN NAM	i.e.	1 4 3 11						
CLAUDE H: MAR		MYRA	E JOHN	SON						
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give war or dojes of servi	cel SECURITY NO.	17. INFORMANT		ADDRESS						
YES KOREAN	218-24-3492	SULVIA R.M	MARSHAL	L-CROFTON M.						
18. // / / /	CAUSE OF DEAT			APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY										
LEADING TO DEATH	IThis does not mean the mode of duing a g									
haarl tailure, asthenia, etc. 11 means the dise	0 4	A CONSEQUENCE OF:	*******************************							
injury of camplication which caused death.)	11	1.0-	1							
ANTECEDENT CAUSES	(B) Myoc	ardial Li	Marlio	u						
DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating	ring DUE 40, OR AS	A CONSEQUENCE OF:	2	***************************************						
UNDERLYING CONDITION last.	ine (c) evere	. arleriosel	esosis							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG									
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************								
19A DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	INDINGS CONSIDERED						
21 & ACCIDENT WAS UNDERLYING	Culic Aneu	10 /C3.								
OK CONTRIBUTINO CAUSE OF DEATH (notify medical axominat) 21D-TIME (Month) (Doy) (Yeer) (Haut) OF INJURY	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	ico Bidg., INJURY OCCUR?	(If In Boltimare	: City, give exact location)						
21D-TIME (Month) (Doy) (Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?							
(APPROX.)	While At   Not While	חי								
22. I certify that (I) (this hospital) attended the deceased from 197/ta 7-27										
that (I) (we) last saw the deceased alive		<u></u> 19	ra	19 /						
1			in (my) (aur) apin	lan death accurred on the dat						
and haur and from the causes stated above	. (1) (We) (dld) (dld nat) v	lew the bady after death.								
fore Ada.	121 SU AHO	nding Med.  S		23B, DATE SIGNED						
23C. PHYSICIAN'S	OEGREE Phys	Director L Pl	hys.							
NAME (Type)	1 - 110	3D. ADDRESS		0.1 1 11						
Jose V. I Glesi	AS 17. D. OFGREE	UNIVERS	ITY Of	MARY/AND HOS						
REMOVAL (Specify)	NAME of CEMETERY OF GRE			, tawn, or county) (Stote)						
Burial 7/28/71 Pt	Lincoln Cemeter	y Colm	ar Manor Pr	o Georges Md.						
SA. DATE REC'D BY HEALTH DEPT. 258. NAM	NE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS						
JUL 30 1911 Page 3	State On a	Gasch's Son	s Hyatts	ville, Md						
S 150-REV. 1/1/68										



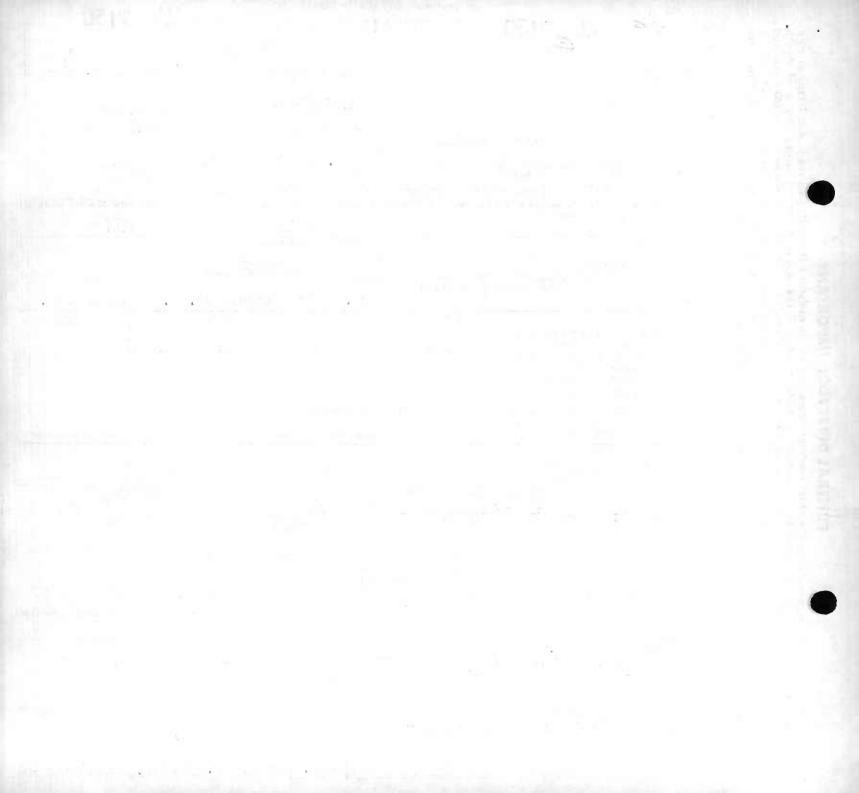
IMPORTANT

DIRECTOR:

FUNERAL

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	1) - 4			BALTIMORE CITY	HEALTH DEPARTMENT		THE WATER	
- 1	1-326	9 71	7450	CERTIFICA	TE OF DEATH	REG. NO	71 7150	
_ ,,,,	TH NO.		1,100			ND HOUR OF DEAT	4	-
	or or Print)		hittaker hit		Z. DAIE A	July 27		7:35 Am.
3.	PLACE IN BALTI	MORE MARTLAND,	WHERE PRONO	UNCED DEAD	A. STATE & COU	ere deceased lived, If NTY	institutions residence before	re odmission)
FU	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Maryland c. CITTOR TOWN	D. 10	ISIDE CITY LIMITS?	
			37	*	Baltimore		YES 🔀 NO	
3	31		Mercy F	Hospital	E. STREET AND NUMBER	Street		
5. 5	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE In years	II Under 1 Yt. If I Months Days Hou	Under 24 Hrs.
	F	W	WIDOWED		9-5-96	last birthdayl	Months Days Hou	is Min.
		PATION (Give kind of woorking life, even if reffred)		BUSINESS OR INDUSTRY	11. BIRTHPLACE  State or for	eigs country)	12. CITIZEN OF WH	AT COUNTRY?
con	auring mast of w	orang me, even a regreat			Virginia		USA	
13.	FATHER'S NAM	75			14. MOTHER'S MAIDEN NA	ME		
	2	Osmore			//	11 3		
15.	Was Decoused		rees?	II & SOCIAL	Sporest 17. INFORMANT	la :	ADDRESS	
(Yo	, no of unknown)	ever in U.S. Armed Fo Of yes, give war or do	les of service)	SECURITY NO.	Mrs. Alice Pe		N Hishland	4
_	No	-0		CAUSE OF DEAT		130 tu 19,		TE INTERVAL
	18. 4	71/	loff and a	CAUSE OF DEAT	п			SET AND DEATH
		OR CONDITION D			(1. t. M	1- 101	11 *	
	(This does no	t mean the mode o	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	Je quelle se	Fare	
	heart failure, a	isthenia, etc. It mean illication which cause	s the disease,		/	V		
		NTECEDENT CAUSE	11-12-32-32-	150	in = 11	15	1	
				(B) 70 08 AS	A CONSEQUENCE OF			
		above cause (A)		DOE 10, OK A.	A CONSEQUENCE OF			
		CONDITION last	3.5	(c)				
_		11				1		
OH	OTHER SIGNIFICATION THE DEATH	CANT CONDITIONS CO	ONTRIBUTING THE TERMINAL	mild	- Moderate Er	nphysem	ev	
CAI	DISEASE OR CO	INDITION GIVEN IN PA	RT 7 (A).	WHICH OPERATION.	Z 120/A-ALIYO ESSE IVAS AV N	A 208 IE VES WEE	E FINDINGS CONSIDER	D
CERTIFICATION	37/26/	7/ WAS PE	EFORMED T	WHICH OPERATIONS  AND PULLEM  Thruson	20 A. AUTOPST? (Yes or h	IN CERTIFYING	AUSES OF DEATH?	ks
CE	21 A. ACCIDEN	WAS UNDERLYING	21.0	PLACE OF INJURY (e.g.	n or obout 21 C. WHERE DID	(if In Boltin	nare City, give exact locati	on)
MEDICAL	DEATH (notify	TING CAUSE OF "medical examined	hoh	ne, farm, factory, street, o	ffice bidg., INJURY OCCUR?			
EDI	21D.TIME OF INJURY	(Month) (Day) (Year	(Houd 21 E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
Z	IAPPROX.)		Wi	ille Af D Not Whi				
	22. I certify t	hat (1) (this hospite	al) attended t	he deceased from	7/26	19 7/ to	7/27	19_7/_
	that (i) (we)	ast sow the deceas	sed alive on	7/27		hat in (my) (our) o	pinian death accurred	an the dote
	ond hour and	from the causes st	ated above. (	l) (We) (did) (did not)	view the body after death	•		
	23A. SIGNATUI	IE O	1-	1			238, DATE SIGNED	/
	Tu	ery I S.	elruh	DEGREE Phy	ending Med. Director	Staff Phys.	7/27/	7/
	23C. PHYSICIAN NAME (Ty	45 nel		) · · · · · · · · · · · · · · · · · · ·	23 D. ADDRESS		///	
	THOME TH	P. W.						
24	BURIAL CREA	AATION, 248. DATE	24C.N	AME of CEMETERY of CR	EMATORY 24D.	LOCATION	(City, town, or county)	(State)
	REMOVAL (S	7/28/	171 B	altimore "at	ional (emetery	Baltimore	, Maryland	
25	DUTUAL BEC'D	BY HEALTH DEPT.	25B, NAME		25C. FUNERAL DIRECTO		ADDRES	S
				AL MEDISINAN			***************************************	
1	1111 00	1971 Pase	8 E 326		0 1 1 .	un, Inc. 30	100 E Balt:	2000



nospital and	use of death	(5) Deceased	dance on the	death. Such		
n occurred in a	contributing ca	etermined cause	n regular atten	ceased prior to	in is made.	
dssistant it dear	if the direct or	ny kind; (4) Unde	ed death was in	dance on the de	or final disposition	
This certificate must be approved by the chief medical examiner or his assistant it death occurred in a nospital and	examiner. Also,	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	be obtained before the remains are embalmed or final disposition is made.	
ne chief medical	by a medical e	2) Body burns; (3	re the physician	physician was in	fore the remains	
e approved by th	I to the hospital	of any nature; (	tal (except when	th); and (6) No	be obtained be	
ertificate must be	ody was released	: (1) An accident	O.A. at a hospit	sed prior to dea	written approval must	
This	the bo	shows	was E	deced	writte	

2 300 71 7151		HEALTH DEPARTMENT	. /	71 7151
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	74 /4
1. NAME OF DECEASED	(BATES)	2. DAŢE	AND HOUR OF DEATH	100
(Type or Print) Ourcs Bale.	2	10,	1428,19	7/ 1 6 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W		stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR TOWN	Jelhouse D. INSI	DE CITY LIMITS?
500		Bellines		YES NO
Clurch bome + k	OSN.	e. STREET AND NUMBER	n tue	15215
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years lost birthday)	Months! Doys Hours Min.
male write WIDOWED	DIVORCED	1/21/08	63	
to A. USUAL OCCUPATION (Give kind of work 108, KIND OF done during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPEACE ISlote of fe	reign country)	12. CITIZEN OF WHAT COUNTRY?
	otor com	Perusa.		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Villiam Bates	13.7	Pruden o	e Smi	4
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  UNK	SECURITY NO.	17. INFORMANT	su sa	ADDRESS
18. 4/0.9	CAUSE OF DEAT	1	V	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		~ IQ	1 /2:	or o
LEADING TO DEATH	(A) IMMEDIATE CAU		. (?)	Sloered days
(This does not mean the mode of dying, e.g., heart failure, anthonia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		0
Injury or complication which caused death.)	100	17		
ANTECEDENT CAUSES	(B) 4 5 C	VD		ge ors
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION fact.		A CONSEQUENCE OF:		
ONDEREIMO CONDINON ROL	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).	Oron.	obor. pu	lm. dise	esc years
19A-DATE OF OPERATION 119K CONDITION FOR WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING   21B	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IP YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	e, farm, factory, street, of	n or obout 21 C. WHERE DID fice bidg. INJURY OCCUR?	(il in Boltimore	e City, give exect location)
W OF WILLSA	INJURY OCCURRED  ILE AL Work  AL Work	21F. HOW DID I	NJURY OCCUR?	
22. I certify that (1) (this hospital) attended t	he deceased from 7	23	_19 ]/_to/	28 19 2/
that (1) (we) last saw the deceased alive on_	7/28			nion death occurred on the date
and hour and from the causes stated above. (	i) (We) (did) ( <del>did not) v</del>	tew the body after deat	h.	
28A. SIGNATURE		nding Med.	Stoff	23R DATE SIGNED
23C. PHYSICIAN'S NAME ITypel	DEGREE Phy	Director L	Phys.	11/28 ( 7(
TOICTRICH UTRIDITAL	W M	e 1+ + 17	L	
24A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY of CRI			ly, town, or county) (Statet
BURIAL 7/31/11 0	AK LAWI	2	BALTO.	MD
25A. DATE REC'D LY HEALTH DEPT. 256 NAME TO STAND THE PROPERTY OF THE PROPERTY	REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS  308 MACE
VC 160 05V 1/1/49		1 8 2	7	

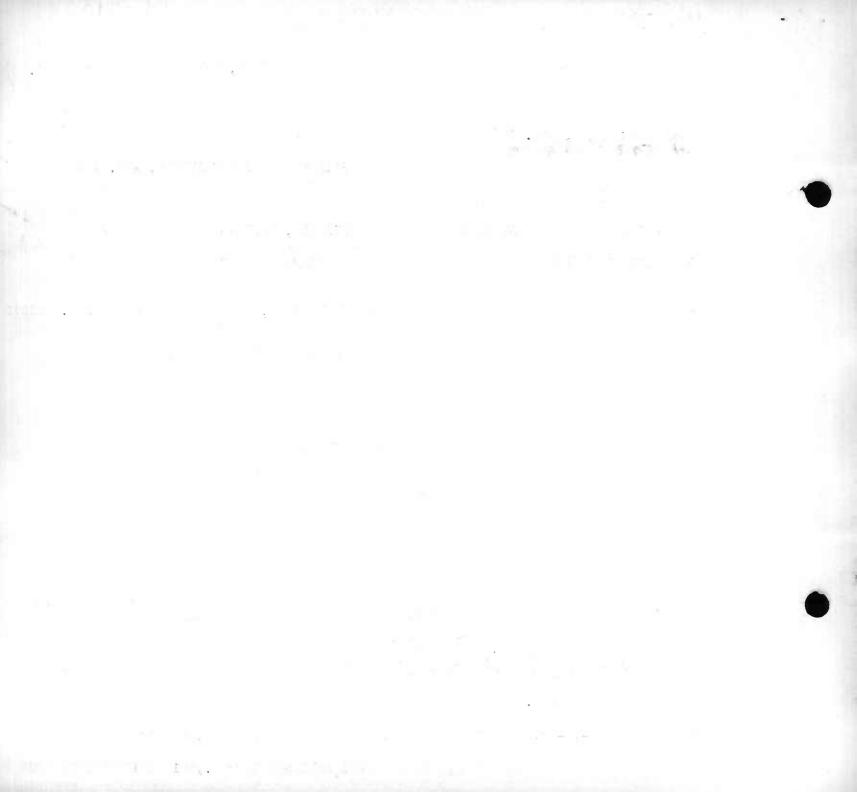
The second of the second of

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

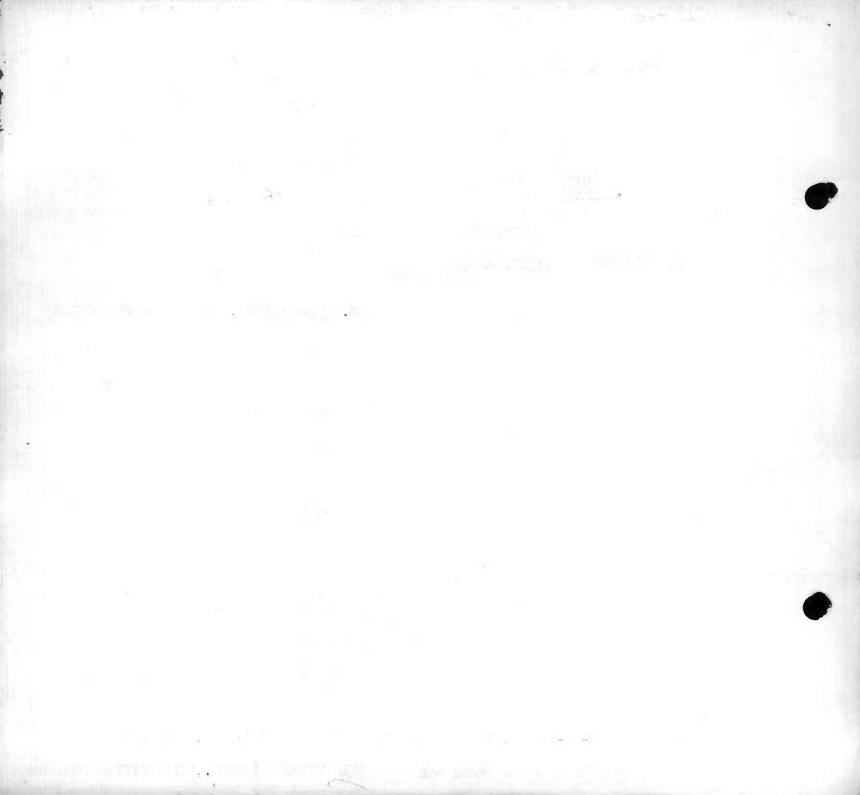
T	BALTIMORE CITY	HEALTH DEPARTMENT	1 ma	Mr Ph.Ch
1-650 71 745	CERTIFICA	TE OF DEATH	REG. NO. 71	7152
1. NAME OF DECEASED (Type or Print) JORAN, JOSEPH	CARL		28. 1971	1AM M.
3. PLACE IN SALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	I A. STATE B. COUNT	Υ	on: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MD. ANN	NE ARUNDEL	5200
INSTITUTION		BALTIMORE	D. INSIDE CI	1414
ST. AGNES HOSPITA		E. STREET AND NUMBER		
10		210 ORCHARD	AVE. 21225	
MALE WHITE WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	08/04/99	71	Under 1 Yr. If Under 24 Hrs. oths Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired)  STEEL WORKER	STEEL	MARYLAND	n country! 12.	US A
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	(E)	<del>'A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1</del>
CHARLES JORAN		THERESA (E	BUMBA )	
15. Wee Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) lif yes, give war or dates of serv	SECURITY NO. 212/07/734	3 ST. AGNES H	WILKENS & C HOSPITAL REC	ORDS
18. 44 0 E4 X 1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY		use Chronic Ren	0 F. O.	Bresse,
(This does not mean the mode of dying,	TOUR TO OR AS	A CONSEQUENCE OF:	of raceous	0 00000
heart failure, asthenia, etc. It means the dis- injury or complication which caused death.)	ease,			/
ANTECEDENT CAUSES	100 Nephi	o-angiosclero A CONSEQUENCE OF:	si's	?
DISEASES OR CONDITIONS, if any, ginse to the above cause (A) siding UNDERLYING CONDITION last.	the COCOLLA	tive Heart Fo	rilure	7-10-70
11	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		[20A. AUTOPSY? (Yes or No)]	208. IP YES, WERE FINDS	NGS CONSIDERED
19A-DATE OF OPERATION WAS PERFORMED		YES	208. IP YES, WERE FINDI	OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Incitify medical examined	218 PLACE OF INJURY (e.g., home, farm, factory, street, celcal	in or about 21 C. WHERE DID office bidg. INJURY OCCUR?	(II In Boltimore City	, give exact location)
21D-YIME (Month) (Doy) (Yest) (Hous)	216 INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
(APPROX)	While At Not Whi Work At Work	· 🗆		
22. I certify that (1) (this hospital) attend	led the deceased from	(3-7/1-12)	9_/1_10	07/28 19 /1
that (1) (we) lost sow the deceased alive	on 07/28/	19 <u>71</u> and tha		death occurred on the date
and hour and from the causes stated above	ve. (1) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE	A 144			DATE SIGNED
Kalman Karo	M DEGREE Phy		Staff Phys.	1/20/71
23C. PHYSICIAN'S NAME (TYPE) RAHMAN KARIMI MD	DEGREE	ST AGNES HOSF	PITAL BALTO	MD 21229
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	IC. NAME OF CEMETERY OF CH			wn, or county) (State)
7	.971 Glen Have		timore, Mary	/land
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	once 4001 Ri	itchie Hwy
VS 150-REV. 1/1/68				

FUNERAL DIRECTOR: IMPORTANT

BIR	M-520	71	7153	3		HEALTH DEPARTME		REG. NO.	71	7153	
	AME OF DECEASED	WIEDEGA I	(T)(C)		***************************************			D HOUR OF DEATH			
-		THERESA				J	JLY 2	27, 1971		10	A. M.
	PLACE IN BALTIMORE,						COUN	e deceosed lived. It is TY	nstitution;	residence belore	odmission)
HC	ISMIAL OR ADI	NOT IN HOSPIT	AL OR INST	סמטזוו	ON, GIVE STREET	MARYLAND				4/20	1
1	МОПИТП					C. CITY OR TOWN	_	D. INS	IDE CITY		
	PARK TOWERS					BALTIMORI E. STREET AND NUM			YES	] ио[]	
	7121 PARK HE	IGHTS AV	ENUE								
5. 5	EX 6. RACE		7. MADDIE		NEVER MARRIED	1 7121 PAR		IGHTS AVENU			04.11
				=	=	S. DAIL OF BIRTH	i i	lost birthday)	Months	er I Yı. If Undo Doys Hours	or 24 His. Min.
LOÁ	FEMALE WH	ITE	WIDOWE		DIVORCED	11 PIRTURE A CE (C)		76			
don	e during most of working life	, even if retired)							12. CI	TIZEN OF WHAT	COUNTRY
	HOUSEWIFE		AT	HOM	E	BALTIMORE,	MAR	YLAND	ŀ	USA	
3.	FATHER'S NAME					14. MOTHER'S MAID	EN NAN	AE .			
	SIMON NIK HI	LKOWITZ				FANNI	E	?			
5, Yes	Wes Deceased Ever in Us, no or unknown) (If yes,	. S. Armed For	es? s of service)	16.	SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS	
	NO					STANLEY MIN	CH.	6026 CROSS	COUNT	TRY BLVD.	#2121
	18. 1460				CAUSE OF DEATH	1	OI 1	A-A-	GOOM	APPROXIMATE II	NTERVAL
	DISEASE OR CO	NDITION DIR	ECTLY			mul	or	aly al		BETWEEN ONSET A	ND DEATH
		TO DEATH			(A) IMMEDIATE CAU	E Carron -	aci	ll blady	4		
	(This does not mean heart failure, asthenia,	dying, e.g	1.0	DUE TO, OR AS	CONSEQUENCE OF:				*********		
	injury of Camplication	which caused	death.)	e,			,				
	ANTECED	ENT CAUSES									
	DISEASES OR CON	DITIONS. II	inv nivin	ď	DUE TO, OR AS	A CONSEQUENCE OF:	********	***************************************			
	rise to the above		TO HISTORIACE OF								
	UNDERLYING CONDI	TION last.			(c)	***************************************					
_		11						·			
	OTHER SIGNIFICANT CO TO THE DEATH BUT NO	NOTIONS CON	TRIBUTING	,							
∢	DISEASE OR CONDITION	GIVEN IN PART	1 (A).		***************************************	**********************			*********		
ᆵ	19A. DATE OF OPERATIO	N 198 CONI	ORMED	WHIC	CH OPERATION	20A. AUTOPSY? (Yes	or No	208 IF YES, WERE IN CERTIFYING CA	FINDING:	CONSIDERED	
	0							IN CERTIFICACE	D 3E3 O1	DEA	
7	21A ACCIDENT WAS IT OR CONTRIBUTING DEATH (notify medical	INDERLYING  AUSE OF	21 ho	R. PLA	CE OF INJURY (e.g., in orm, foetory, street, of	or obout 21 C. WHERE INJURY OCC	DID UR?	(If in Boltimor	e City, giv	ve exact location)	
$\subseteq$ [		(Doy) (Yeoi)	(Hand 2)	E 1811	URY OCCURRED	015 (10)					
Z	OF INJURY	(Doy) (reon		hile A		21 F. HOW D	חראו סו	IRY OCCUR?			
1	(APPROX.)		w	osk	Al Work				,		
	22. 1 certify that (1) (	this hospital	attended	the d	eceased from		19	9 60 to	7/2	7 10	11.
- 1	that (i) (we) lost saw					197/		t in (my) (our) opi	nion der		
- 1					,			in (my) (ours opi		iii accurrea an	104 G016
	ond hour and fram the	Cuuses State	a ubove.	(1) (10	(aia) (aid-not) vi	ew the bady after d	eath.		1000	and at divine	
	$\mathcal{O}_{\mathcal{C}}$		16/1	Z.	1	ding Med.	, , , , , , , , , , , , , , , , , , ,	- H	23 B, DA	TE SIGNED	
		ricel	000	UL	Phys.	ding Med. Director		hys.	2	/27/7/	/
	23C. PHYSICIAN'S NAME (Type)					3D. ADDRESS			-		-
		LEONARD	M. LIS	TER		7111 PARK	HEIG	HTS AVENUE			
4A	BURIAL CREMATION, REMOVAL (Specily)	24B, DATE	24C.1	MAME	of CEMETERY OF CRE	MATORY	24D. LO	CATION (Ci	ly, lown.	or county!	(Stote)
	BURIAL	7-29-XS	1		K AMUNO (AR			TIMORE, MAR			
5 A	DATE REC'D BY HEAL										
.JA	THE COME COMMO		25B. NAME	649	8 - 6	25C. FUNERAL DIR	ON C	BROS.,6010	DET	ADDRESS CTEDCTOWN	BOAD
J	UL 341) 1974	16.50 E	Madde	100,04	.0.	POPITEATIVE	MIN E	, bros., 6010	, KEI	O LEVO LOMIN	KOND
15 1	50-REV- 1/1/68			2.00							

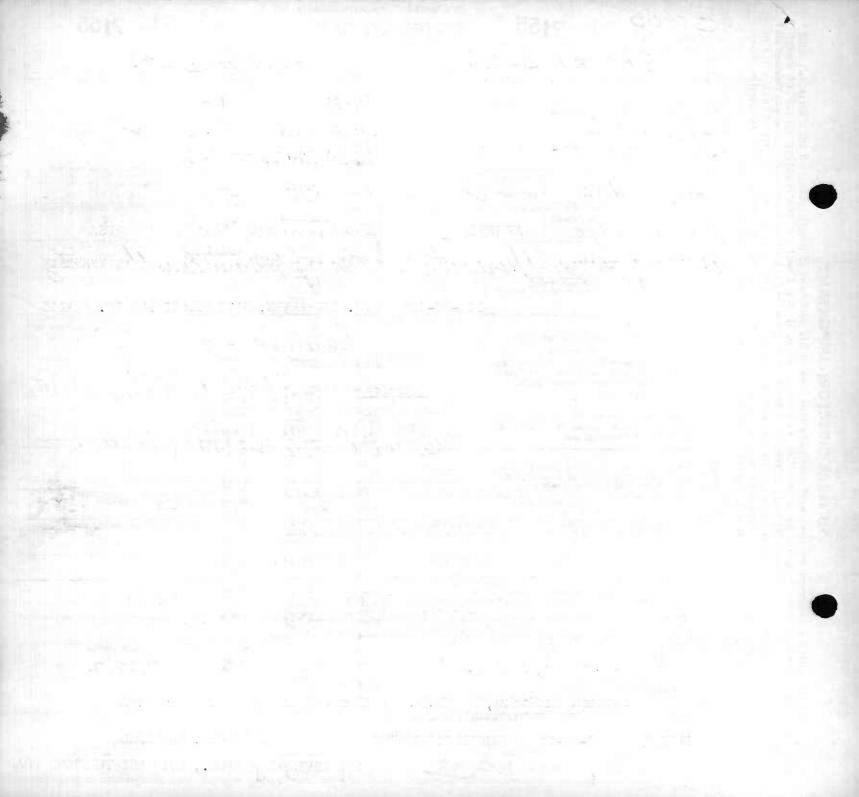


F	7-523	71	715	4 CERTIFICA			REG. NO	71 71	54	
1. N.	AME OF DECE	GSTER.	101	115			NO HOUR OF DEATH	/	8 2=	
3. P	LACE IN BALTI	MORE MARYLAND V	WHERE PRO	ONO UN CED DEAD	4. USUAL RESI	DENCE (Whe	ere deceosed lived. If in	nstitution: residence	e before odmissi	
HO	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR IN	STITUTION, GIVE STREET	1 A. 31AIE	YLAND	VII	DE CITY LIMITS?	30	
()	NILLER	SITU X	MAR	YLAND		Timo		YES A	поП	
	141001		SPIT		E. STREET AND	NUMBER		<u> </u>		
1	20				6431	CE	ELRAYC	T Mb	21208	
5. SI	ACE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	WIDOV		3- / S-	88	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	If Under 24 H Hours Min.	
10A, done	during most of we	orking life, even it refired)		OF BUSINESS OR INDUSTRY		(Stole or fore	ign country)	12. CITIZEN OF	WHAT COUNT	
13. F	ATHER'S NAM		_		14. MOTHER'S	MAIDEN NA	ME		, ,	
	XXXXXXX	XXXXXX	XXXXX	EXXXXX	BR	IMA	7			
5. W	os Deceased E	ver in U. S. Armed For If yes, give wor or date	rces?	JANA ANGSTER	17. INFORMANT			ADDR	FCC	
162	NO NO	// O	es of servi	10 1. 50.	(DC VIDIE					
1	8. 4/ 2 2	700		CAUSE OF DEAT		N CORM	AN, 611 KAHI		Z1ZU8	
	DISEASE	OR CONDITION DI	RECTLY	CAUSE OF BEAT			terombon	BETWEEN	ONSET AND DEA	
	heart failure, o	mean, the mode of sthenia, etc. II meons	the dise	e.g., DUE TO, OR AS	SE CONSEQUENCE		a roma a			
		ication which caused NTECEDENT CAUSES		Of	ero sclero					
١,		CONDITIONS, if		/B1 00	A CONSEQUENCE		*****			
1	rise to the	above cause (A) CONDITION last.	sloling	the	A CONSEQUENC	: OF:				
-	ONDERLING CONDITION last. (c).								***********	
ATI	O THE DEATH	ANT CONDITIONS CO BUT NOT RELATED TO THE NOTION GIVEN IN PAR	HE TERMIN	AL	*************					
EETE	9A.DATE OF C	PERATION 198 CON WAS PER	FORMED	OR WHICH OPERATION	20 A. AUTOPSI	? (Yes or No.	IN CERTIFYING CA	FINDINGS CONSI	DERED	
CAL	OR CONTRIBUTE	WAS UNDERLYING L NG CAUSE OF edicol exomined	-	21B.PLACE OF INJURT (e.g., in home, form, foctory, street, off elc.)	or obout 21 C. Wi	ERE DID OCCUR?	(If In Boltimore	City, give exoct I	ocotion)	
MI In	ID. TIME (	Month) (Doy) (Year)	(Hour)	21 E INJURT OCCURRED	21F. HO	W DID INJ	URT OCCUR?			
> I	APPROX.)			While Al Work						
2	22. 1 certify that (1) (this hospital) ottended the deceased from 7/20/7/19 ta 7/27/7/19									
t	hot (1) (we) 10	st saw the decease	d olive o	in 7/27/7	19	and the	at In(my) (our) opli	nion deoth occu	rred on the do	
a	and haur and fram the causes stoted obove. (1) (We) (did) (did not) view the body ofter deoth.									
2:	23A. SIGNATURE,  Attending Med. Stoff D. 7									
2	AME (Type	e)	2000	DE GREE	3D. ADDRESS					
24A.	BURIAL CREM	ATION, 248, DATE	RAS 1	NAME of CEMETERT OF CRE	SA KINI		Ct. BALT	IMOKE, N	MD 2120	
	BURIAL	7-28-71		NSHE EMUNAH AITZ			TIMORE, MAR	y. Town, or county	(Stote)	
	DUKIAL	7-20-71	, A	HOLLE PHONAL VIII	GIALLI	LJ LL	, , , , , , , , , , , , , , , , , , , ,	LLIMID		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

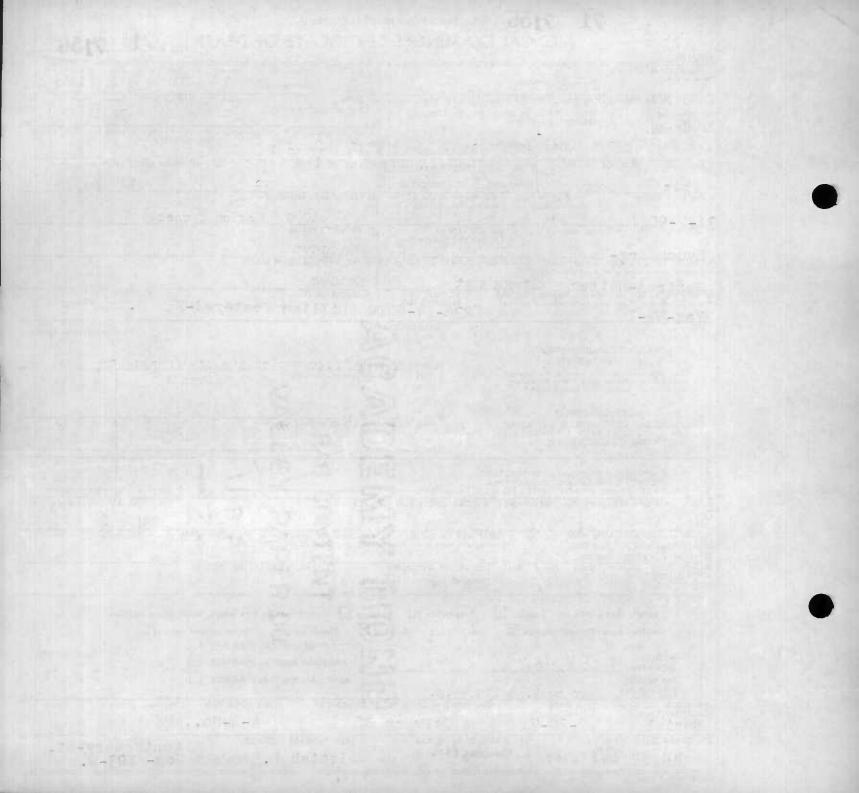
-	5-1.55	BALTIMORE CITY	HEALTH DEPARTMENT	V PM	
BIR	TH NO. 71 7155	CERTIFICA	TE OF DEATH	REG. NO.	7155
1. N	TAME OF DECEASED POPE OF PRINTING ROOM	TTI		and hour of Death 27-71 0 125	<b>%</b>
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	14. USUAL RESIDENCE IV	Vhere doceased lived. Il institutio	n: residence before admission
FU	LL NAME OF (IF NOT IN HOSHTAL OR IN ADDRESS OR LOGATION)		M-D B. CO	PALTO	5300
N	STITUTION		C. CITY OR TOWN	D. INSIDE CIT	NO []
1	oans Aspens		E. STREET AND NUMBER		NO L
10	rospilal 55		6630 mar	att ON.	
5. 5	EMALE WHITE WIDOW		8-8-09	9. AGE (In years If U Mont	nder 1 Yr. II Under 24 Hrs. This Days Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KINE of dring most of working life, even # refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at	lareign country)	CITIZEN OF WHAT COUNTRY?
F		HOME	Baltimo	re ma	USA
13.	FATHER'S NAME	- 1.	14. MOTHER'S MAIDEN	NAME MARCUS	1 4
4	farry Than Su	erwitz	mary *	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CHARLESTAN
	Was Deceased fiver in U. S. Armed Forces?'s, no or unknownfulf yes, give war ar dates at servi	cel SECURITY NO.	17. INFORMANT		ADDRESS
	NO	215-03-4706	MRS. LEE LEVE	N. 3802 MIDHEIGHT	rs RD. #21215
	18. / X X X	CAUSE OF DEAT		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Round 9	lacling	
	(This does not mean the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)		A CONSEQUENCE OF	1000/01	10 11+
	ANTECEDENT CAUSES	1 Letter	Tropali	tech Ca place	Aw Metostalic
	DISEASES OR CONDITIONS, If any, give	ving (B) DUE TO, OR AS	A CONSEQUENCE OF	0	
	rise to the above cause (A) staling UNDERLYING CONDITION last.		dos truiting	victes,	24
	er er	(c) ///	that the		a viái Ca
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG -			
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
ERTIFIC	19A. DATE OF OPERATION 19% CONDITION P	OR WHICH OPERATION	Yes	IN CERTIFYING CAUSES	IGS CONSIDERED OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (a.g.,	n or obout 21C. WHERE DIS	(If In Boltimore City,	give exact location)
¥	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	home, farm, factory, street, a	ffice bidge INJURY OCCUR	7	
200	21D.TIME (Month) (Doy) (Year) (Houd	215 INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
×	(APPROX.)	While At Work At Work	• 🗆		
	22. I certify that (i) (this haspital) attended	201	119/2	_1910 1/27	17.1 19
	that (1) (we) last saw the deceased alive		19ond	that in (my) (out) spinion	
	and hour and from the causes stated above	A			
	23A. SIGNATURE				DATE SIGNED
	anunt den	W Com My Atter	ending Med.	Stoff D	127/71
	23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		
	Norman Daikok	cu, M.D.	The Johns	Hopkins Hospit	cal
24	A. BURIAL CREMATION, 248, DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 240	LOCATION (City, low	rn, or county) (State)
	BURIAL 7-28-71	HEBREW FRIENDSH	IP	BALTIMORE, MARYL	AND
25					
	JUL 30 1971 Walsh 256 NA	ME OF REGISTRAN	SOL LEVINSO	N & BROS., 6010	REISTERSTOWN ROA



VS 151-REV. 1/1/6B

		i.e.		~ ~							
1	3-650	2 7	1 71 MED		BALTIMORE CITY HE EXAMINER'S			OF DEA	TH REG. NO.	1 "	2156
	RTH NO.					11					49700
	NAME OF DEC		WSON BU	TRNS		2. DATE OF DEATH	Known	Month	20	71	7:45 A.
4.	PLACE IN BAL				NOUNCED DEAD	3. DATE		Manth	Day	Year	Haur
FU	L NAME OF	(IF NO		L OR INSTITU	ITION, GIVE STREET		UNCED DE	AD 7	20	71	7:45 A.
ON	NOITUTITZMI	817 S	. Charl	es Str	eet	A. STATE	esidence Jarylan	(Where deceosed	B. COUNTY	: residence	befare admission)
6.	SEX	7. RACE		8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
	Male	Neg	ro	WIDOWED	DIVORCED		Baltim		YE	s 🗷	NO 🗌
9.	DATE OF BIRT	Н	10. AGE (In		Under 1 Yr. If Under 24 Hrs. onths, Doys, Hours, Min.	E. STREET	AND NUMI	BER			
3.	T_7_90		79	,			817 S.	Charles	Street		
त्त.	BIRTHPLACE (S	state or foreig	n country)	12.	CITIZEN OF	13. FATHER	'S NAME				
	Lynchhi	wa Va			WHAT COUNTRY?	Unk	nown				
144	LUSUAL OCCU	PAHON (Giv	e kind af wark	4B. KIND O	F BUSINESS OR INDUSTR			NAME			
	eduring mast of v		11.	Steam	Rnat	Unkno	wn				
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL	IB. INFOR	TUAN		A	DDRESS	
(Ye	s, no ar unknawn)	(If yes, give v	wor ar dates o	of service)	SECURITY NO.	O Li	llian	Foster	ed-732	S_Cha	rles St
-	Yes-WW-	11			CAUSE OF DEA					A	PPROXIMATE INTERVAL
	DISEAS	F OR COMP	INON DIREC	TIV						BELV	WEEN ONSET AND DEA
		E OR COND LEADING TO		LILY	A. MANAEDIATE	CAUSE Art	orioss	lerotic o	rardiovas	culbr	
Г	(This does n	at mean the	mode of dy	ng, e.g.,	DUE TO, OR	AS A CONSEC	UENCE OF:		isease	Carper	
П	injury or con	, asthenia, éto nplication whi	ch caused deo	th.)				u.	Lsease		
	and the second second second second	NIECEDENT OR CONDITI		GIVING	(B)	AS A CONSE	DUFNCE OF				
	RISE TO THE	E ABOVE CA	USE (A) STAT	ING THE							
2	UNDERLIN	NG CONDII	ION LASI.		(c)						
CERTIFICATION	OTHER SIGN	UELOA ALT GO	11	A I PRINT I PAR		(A)					
Ö	TO THE DEA	ATH BUT NO	RELATED TO	THE TERMINA						100	
E		CONDITION			DWINGH ODER ATION W	AC DEREGRA	PD.			lot Alize	20.5 Mg /V 2/-1
8	ZOA. DATE OF	POPERATIO	1 20b. CON	סיז מטוווטו	R WHICH OPERATION W	AS PERFORM	FD				OPSY? (Yes ar Na)
ب	274		11111	last							0
EDICA	UNDERLYING		TRIB-	hoi	B. PLACE OF INJURY (e.g., me, form, factory, street, office	tn or obaut 2 e bldg., etc.)	NJURY OC	CUR?	ore City, give exc	ct lacation)	
Σ	22D. TIME		oay) (Year	) (Haur)	22E. INJURY OCCURRED	2	2F. HOW D	ID INJURY OC	CUR?		
	OF INJURY (APPROX.)			m		WHILE WORK					
	23.				71. C	TORK					
	1 cert	ify that I h	eld an li	nquiry 🗌	Inspection 🗵 Au	topsy 🗌	and tha	t on this basis	, death in my	opinian	
E	resul	ted from	latural cou	ses 🗓	Accident Suicie	de 🗌 He	omicide [	Undetern	ined manner		
		///	Min .	^	1 11	Deputy	CHIEF MED	ICAL EXAMINER	<b>X</b>		
	SIGNAT		VX 11	Me	1/2 M.D	ASSI	STANT MED	ICAL EXAMINER			DATE SIGNED
	EXAMIN		yu	)	m.L		CIATE MED	ICAL EXAMINER			7-20-71
L	NAME (1		erner	U. Spi	tz, M.D.						
	A. BURIAL CRE	MATION,	24B. DATE		24C. NAME of CEMETERY	or CREMATO	PRY	24D. LOCATIO	N (City, town	, or caunty	) (Stote)
KE	MOVAL (Speci Burial	( V	7-30-	7I	Mt Calvary	CT		A-A-C	o., Md		
25	A. DATE REC'D	BY HEALTH	-	_	AE OF REGISTRAR		FUNERAL D	1		DDRESS	- CA
	1111 3	0 1971	The Bank	11 1974 . mF.o.	Bay K.A.			L.Brown	Mont	gome	ry-St,
10	JULU	A IALL			THE REAL PROPERTY.	40	and the sales	- OWLL	or DOIL	167-	- VV

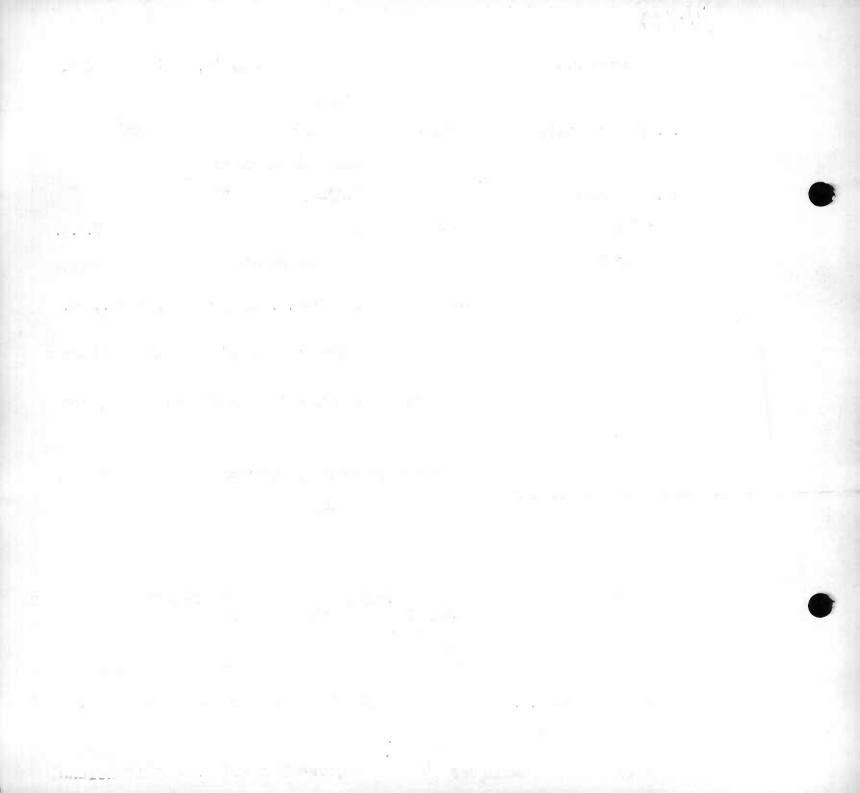
Isaiah L. Brown & Son- I23-W.



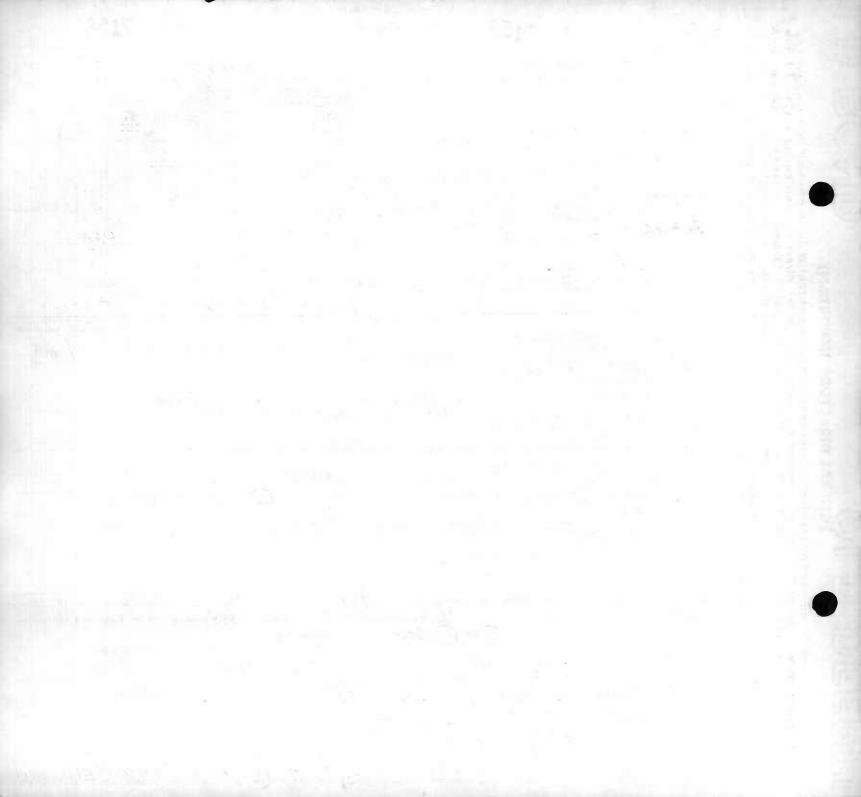
IMPORTANT

FUNERAL DIRECTOR:

M- BIRTH NO	620	71 7	157		HEALTH DEPARTMENT	REG. NO.	71 7157
Type or	OF DECEASED Print Marjorie	e Bell 1	Marki		2. DATE	July 27, 197	
3. PLACE	IN BALTIMORE, M	ARYLAND, W	HERE PRONO		A USUAL RESIDENCE (W. A. STATE & CO. Maryland	here deceased lived. If in	nstitution: residence befare admission)
ATI92OH TUTITZNI	S. Public			e Hospital	c.CITY OR TOWN Baltimore	D. INS	IDE CITY LIMITS?
2)	<.				E. STREET AND NUMBER		
	em. Wh:		WIDOWED		B. DATE OF BIRTH 1-11-95	9. AGE (In years lost birthday)	If Under 1 Yt. If Under 24 Hrs. Months: Doys Hours Min.
done durin	AL OCCUPATION (Gi g most of working life, e OUSEWIFE	ve kind of work ven if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Florida	reign country)	12. CITIZEN OF WHAT COUNTRY U.S.A.
	ean Wilson				14. MOTHER'S MAIDEN N Alice Gut		
5. Was D Yes, na or	Peceosed Ever in U. unknown) (If yes, give	S. Armed Ford e wor ar date:	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Records_U.S.	PHS Hospitel	ADDRESS  Balto Md
18, 4						LID HOSPI CAT	
10.	DISEASE OF COM	DITION OIL	5 a m u	CAUSE OF DEATH	1		BETWEEN ONSET AND DEAT
	DISEASE OR CON LEADING		ECILY		Canabaal ve	scular accid	ant 2/ haven
hearl	does nat mean th failure, asthenia, et ar camplication w	e mode of	the disease,	(A) IMMEDIATE CAU DUE TO, OR AS A	SE CETEDIAL VE	scular accio	ent 24 hours
1	ANTECEDER		46411./	A 4 4		2 21	
DIST					sclerotic vasc	ular disease	years
rise	ASES OR CONDI' Ia lhe abave ERLYING CONDITION	cause (A)	slaling the	(C)	A CONSEQUENCE OF:		
OTHEI TO TH DISEA	R SIGNIFICANT CONI IE DEATH BUT NOT R SE OR CONDITION G	ELATED TO TH	E TERMINAL	Recent my	ocardial infar	ction	3 weeks
2	ATE OF OPERATION	WAS PERF	DRMED		Yes	10) 208, IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
OR CO	CCIDENT WAS UNDER THE CANTENDE OF THE CANTEND OF THE CANTENDE	DERLYING DESE OF	218. hometc.)	PLACE OF INJURY (e.g., in e, farm, factory, street, aff	or about 21 C. WHERE DID	(If In Baltimare	e City, give exact lacation)
21D.T. OF IN (APPR	JURY	Doy) (Yeorl		INJURY OCCURRED  Re At While At Wark	21F. HOW DID IN	IJURY OCCUR?	
22. 1	certify that (1) (th	Is hospital)		e deceased fram JU		19 71, July	27 10 71
that (	(we) last sow t	he deceased	olive an	July 27	1971ond 1	hot In(pry) (our) aptr	nian death accurred on the date
and h	our and fram the	auses state	ed above.		ew the bady after death	•	
23A. S.	BULL E	Bel	line a.	Surg Atten	ding Med.	Stoff X	7-27-71
23 C. P	HYSICIAM'S AME (Type) obert Bell:	iveau, 1	M.D.	2	3D. ADDRESS		timare, Md. 21211
4A. BURI.	AL CREMATION, 24			ME of CEMETERY OF CRE			y, tawn, or county! (State)
В	urial	7/30/7	Ar:	lington Nat	1 Cemetery	Fort Meyer,	· · · · · · · · · · · · · · · · · · ·
JU	L 30 1971		I Jabe		Danovan Fu		3818 Roland

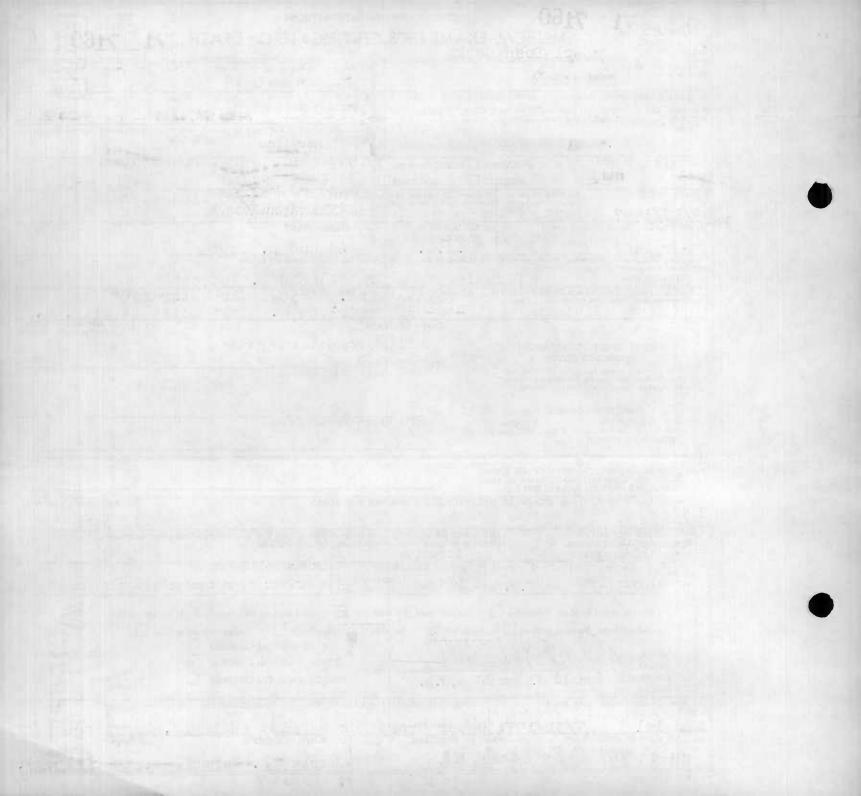


( )	BALTIMORE CITY	HEALTH DEPARTMENT	f less at	
D-520 71 7158	CERTIFICA	TE OF DEATH	REG. NO.71	7158
1. NAME OF DECEASED (Type or Print)  LAURAANN DINISIO		7/	26 71	1/21º P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE (Where do	eceased lived. If in:	stitution: residence before admission
FULL NAME OF HIS NOT IN HOSPITAL OR INSTITUTION. GIVE STREET HOSPITAL OR INSTITUTION. GIVE STREET ADDRESS OR LOCATION!  JOHNS HOPKINS HOSPITAL CHILDREN'S  MEDICAL + SURGICAL CENTER		Maryland		2642
		C.CITY OR TOWN Baltimore	D. INSI	YES NO
33, MEDICAL + SURGICAL C	CENTER	E. STREET AND NUMBER		
GOI N. BROADWAY		5627 Greenhi	11 Avenu	ie
	NEVER MARRIED	lost	GE IIn years birthday	If Under 1 Yr., If Under 24 H. Manths: Days Haurs Min.
Female White WIDOWED		9/8/60	10½	
IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF I	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of	country)	12. CITIZEN OF WHAT COUNT
School GIRL -	_	BALTO, Ma	/	USA,
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		0,17,
Martin Dinisio		Dorothy	Норр	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [Uf yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	_	ADDRESS
11/1	TECORITI NO.	MR. MARTIN A	DeNISI	SAME
18. / (7.7)	CAUSE OF DEAT		47777370	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEA
LEADING TO DEATH		KESPIRATORY	FAILUR	E 24 Mps
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	( ) / / ( )	A J Mics.
heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.)				
ANTECEDENT CAUSES	META	TOTAL MESTINA	2110	
DISEASES OR CONDITIONS, if any, giving	(8) FIF I OP AS	A CONSEQUENCE OF:	OCHSIUMA	•
rise to the above cause (A) stating the	50E 10, 0 K AS	A CONSEQUENCE OF		
UNDERLYING CONDITION lost	(C)			**********
z lí				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************	NONE	*********************	***************************************
19A-DATE OF OPERATION 19B. CONDITION FOR WHEEL OF NONE	IICH OPERATION	NO NO	B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTEIBUTING CAUSE OF	LACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(fl In Baltimare	City, give exact facation)
DEATH (natify medical examiner)				
INC IN HIDY	NJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
X IAPPROX.) While	At Work			
Work	AI WOR	7/8/		
22. I certify that (1) (this hospital) attended the	/	_	to	7/26 19 7/
that (V (we) last saw the deceased alive an	7/26		√m/r)/(our) opIn	Ion deoth accurred on the de
and have and from the causes stated above.	(did) destations v	lew the bady after death.		
23A. SIGNATURE				238. DATE SIGNED
Baril J 3. T. M. M.	Dh.	nding Med. Staff Director Phys		7/26/71
23C.PHYSICIAM'S	DEGREE	3D. ADDRESS		/////
NAME (Type) Basil J. Zetelli		The Johns Hop	kins Hos	pital
44. BURIAL CREMIATION, 248. DATE 24C. NAM	DEGREE OF CHE	MATORY 24D. LOCA	ION (City	, town, or county! (State)
REMOVAL (Specify)		in the second second	73	1 0
	Edens of f		MALTO	. Co., Ma.
1111 90 1071 Pale & Jakon		250. FUNERAL DIRECTOR	61-1-	ADDRESS T.
		XATALTON) FIN	ARKIN 5:	TTY DELAIRK
/S 150-REV. 1/1/6B				



VS 150-REV. 1/1/68

William Area to the state of the first



BIRTH NO.	71 7161			TE OF DEA		71 7161
1. NAME OF DE	CEASED PANKS	_	LEWIS		DATE AND HOUR OF DE	ATH ; 36
3. PLACE IN BA	LTIMORE MARYLAND, WHE	RE PRONOUN		4. USUAL RESIDEN	CE (Where deceased Wed.	Il institution: residence before admission
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCATIO			Maryland c. City or town		1302
Provident Hospital, Inc. 2600 Liberty Heights Avenue		D. HASIDE CITY EMILIST				
-2/	Baltimore, Mar			2206 Call		
5. SEX		MARRIED	NEVER MARRIED   eparated	8. DATE OF BIRTH	9. AGE (In years lost birthday)	onths; Doys Hours Min.
10A, USUAL OCC	Negro W UPATION (Give kind of work 10 g working life, even if retired)	KIND OF B	USINESS OR INDUSTRY	3-21-00	e or foreign country)	12. CITIZEN OF WHAT COUNTR
Cab Driv	er			Washington		U. S. A.
				14. MOTHER'S MAIL		
Joseph  15. Wos Deceosed (Yes. no or unknown	Ever in U. S. Armed Forces?	samina) 1	6. SOCIAL	Lucy Braxt	on	ADDRESS
No	, , , , , , , , , , , , , , , , , , , ,		SECURITY NO. B63-07-5478  CAUSE OF DEATH		s - 2206 Callo	ow Avenue
DISEASES Conservation in the conservation of t		giving giving the BUTING RMINAL A).	(A) IMMEDIATE CAU DUE TO, OR AS A  (B) DUE TO, OR AS  (C) CAUSE	A CONSEQUENCE OF:  A CONSEQUENCE OF  A CONSEQUENCE OF	un hyndr	y wak
21A. ACCIDEN	WAS PERFORA			NO		RE FINDINGS CONSIDERED CAUSES OF DEATH?
U DEATH (notity	NT WAS UNDERLYING TING CAUSE OF medical examined	home,	ACE OF INJURY (e.g., in lorm, foctory, street, aff	or obout 21C. WHERE ice bldg., INJURY OC	DID (If In Boltin	more City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doyl (Year) (H.	While	JURY OCCURRED  At   Not While		ID INJURY OCCUR?	
22. I certify	that (1) (this hospital) at	Work	deceased from	6/	19 to	7/26 197/
thot (1) (we)	lost saw the deceased of	Ive on	7/7	6 19 7/	and that In (my) (our)	opinion death occurred on the date
ond haur and	fram the causes stated c	pave (1) N	We) (did) (did not) vi	ew the body ofter o	leoth.	
	Stirch for	under	Atten	ding Med.	Shaff Phys.	23 R DATE SIGNED
PHYSICIAL NAME (T)	rpel			D. ADDRESS		11/1/1/
4A. BURIAL CREA	AH SAUNDER		DEGREE OF CREATERY OF CREATERY			(City, town, or county) (Stotel
Burial	7-3-71		Auburn Cemet		Baltimore,	
25A, DATE REC'D	BY HEALTH DEPT. 258.	NAME OF R	e Ben KA	25C. FUNERAL DIE	abeth Law 802	ADDRESS
/S 150-REV. 1/176	UL 30 1971 Jac	احيات حيا الا	adord 15-4	1775	102 1 Law 802	Hadison Ave.

Liberty Melnika Lacina
Liberty Melnika Lacina
Latinore, haryland 11016

Calle Negro 2 3-21-5

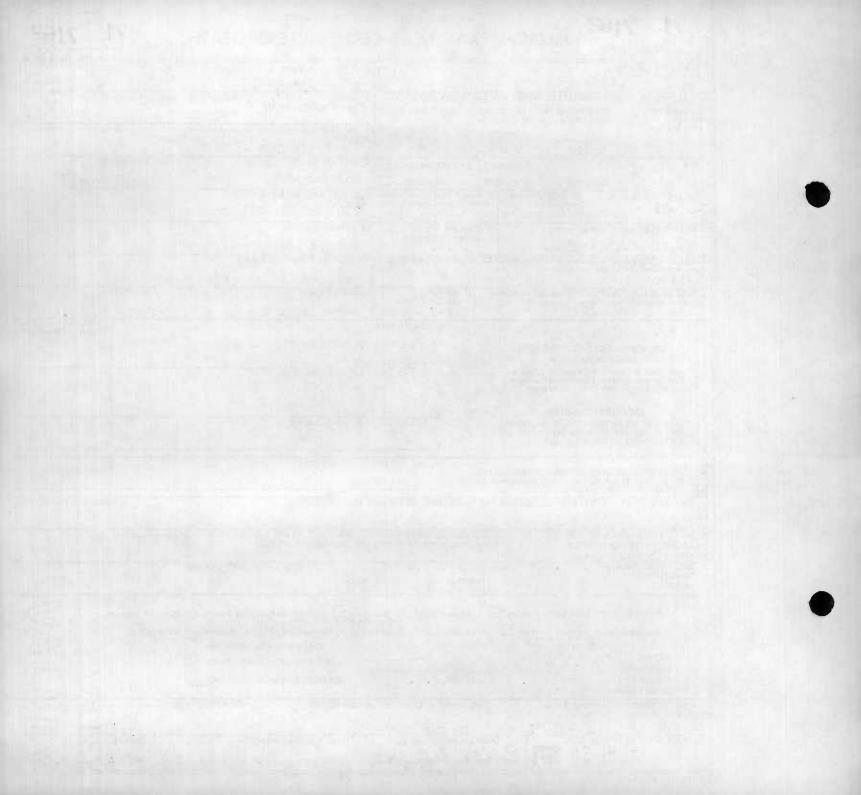
Lasifington, I. ..

Allegated to the I

AFDICAL	FYAMINER'S	CERTIFICATE	OF DEATH

	71	7162
_	- million	1100

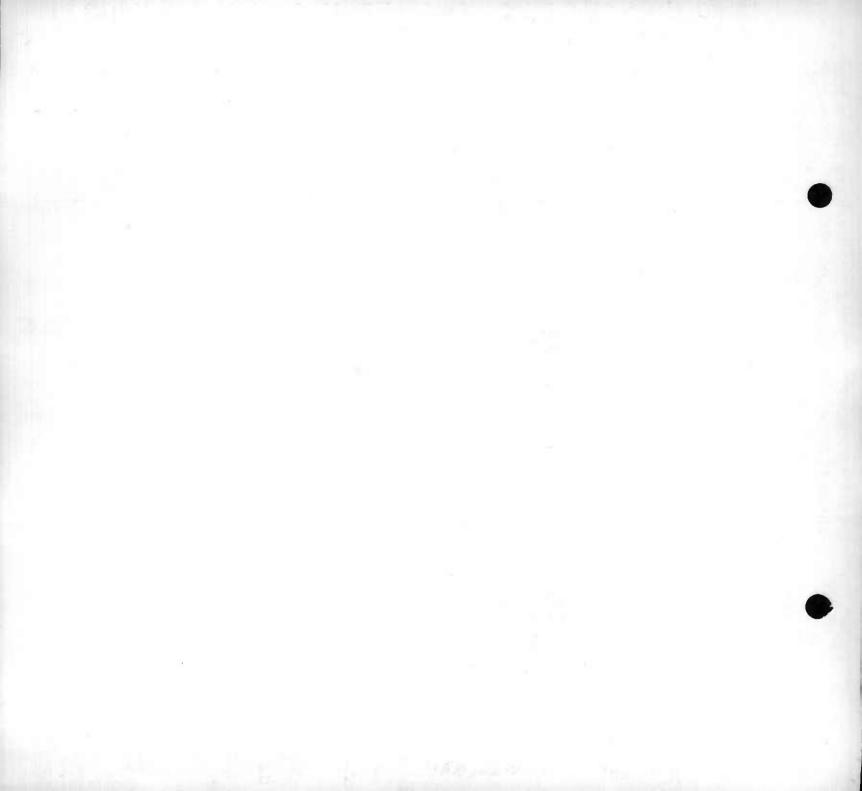
H610	BIRTH NO.  I. NAME OF DECEASED	2. DATE Known Manth Day	Year Hour			
	(Type or Print) ALBERT HARVEY	OF SHARE				
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated LJ  3. DATE Manth Day	Year Hour			
of the second	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVESTREET ADDRESS OR LOCATION)	PRONOUNCED DEAD July 27,1971	8:45 P. <sub>M.</sub>			
	OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: A. STATE B. COUNTY				
	2521 Druid Hill Avenue	Maryland	1303			
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED	1				
	Male Negro WIDOWED DIVORCED		S NO D			
	7-25=25  10. AGE (In years last birthdoy) 46 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2521 Druid Hill Avenue				
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME				
	Baltimore, Maryland WHAT COUNTRY?	Robert Lee Harvey				
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME				
	Tailor	Rebecca Christopher				
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknawn)(if yes, give war or dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT AD	DRESS			
	Yes   WW II   212-20-9043	Rebecca C. Harvey - 311 W. E				
	19. 5 7/18 1 CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE ON CONDITION DIRECTED	metamorphosis of liver				
	(A)IMMEDIATE	LEADING TO DEATH  (A)IMMEDIATE CAUSE  (This does not mean the made of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF:				
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury ar complication which caused death.)	AS A CONSEQUENCE OF				
		ingoly of complete in the rest of the rest				
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR					
	RISE TO THE ABOVE CAUSE (A) STATING THE					
	(c)					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes ar Na)			
	0	yes				
		, in ar about 22C. WHERE DID (II in Baltimare City, give exact the bidg., etc.) INJURY OCCUR?	t location)			
	☐ UTING ☐ CAUSE OF DEATH.  ≥ 22D. TIME (Month) (Day) (Year) (Haur)   22E,INJURY OCCURRED	22F. HOW DID INJURY OCCUR?				
	OF INJURY WHILE AT NOT	T WHILE []				
	23.	WORK				
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion					
	resulted from: Natural causes X Accident Suicide Homicide Undetermined manner					
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED					
	SIGNATURE / Left MCal M.E.					
		ASSOCIATE MEDICAL EXAMINER				
	EXAMINER'S Ronald N. Kornblum, M. D.	ASSOCIATE MEDICAL EXAMINER	7/28/71			
	EXAMINER'S Ronald N. Kornblum, M. D.  NAME (Type)  24A. BURIAL CREMATION,   248. DATE   24C. NAME of CEMETERY		7/28/71 ar caunly) (State)			
	EXAMINER'S Ronald N. Kornblum, M. D.  NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	ar caunly) (State)			
	EXAMINER'S Ronald N. Kornblum, M. D.  NAME (Type)  24A. BURIAL CREMATION.   248. DATE   24C. NAME of CEMETERY REMOVAL (Specify)   7-31-71   Arbutus Memodal Standard Record By Health Dept.   1258. NAME OF REGISTRAR	or CREMATORY 24D. LOCATION (City, town, aril Park Baltimore, M.	ar caunly) (State)			
	EXAMINER'S Ronald N. Kornblum, M. D.  NAME (Type)  24A. BURIAL CREMATION.   248. DATE   24C. NAME of CEMETERY REMOVAL (Specify)   7-31-71   Arbutus Memodal Standard Record By Health Dept.   1258. NAME OF REGISTRAR	or CREMATORY 24D. LOCATION (City, town, aril Park Baltimore, M 25C. FUNERAL DIRECTOR AD	or county) (State)  Laryland  DRESS			
	EXAMINER'S Ronald N. Kornblum, M. D.  NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  RONALD RONALD RONALD ROMAN Arbutus Memoral	or CREMATORY 24D. LOCATION (City, town, aril Park Baltimore, M 25C. FUNERAL DIRECTOR AD	or county) (State)			

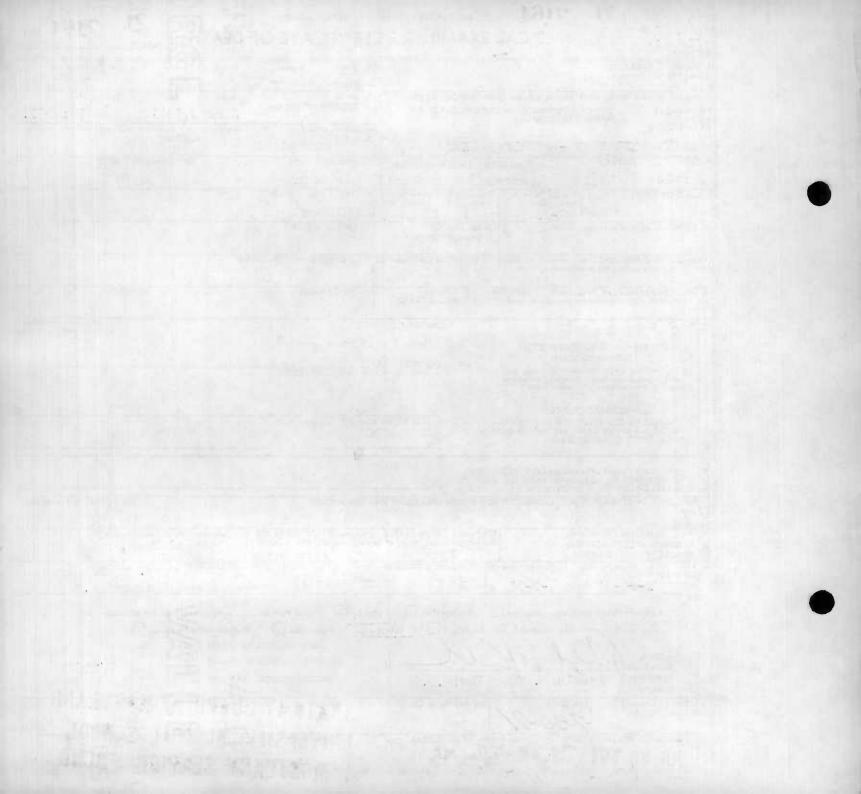


IMPORTANT

DIRECTOR:

FUNERAL

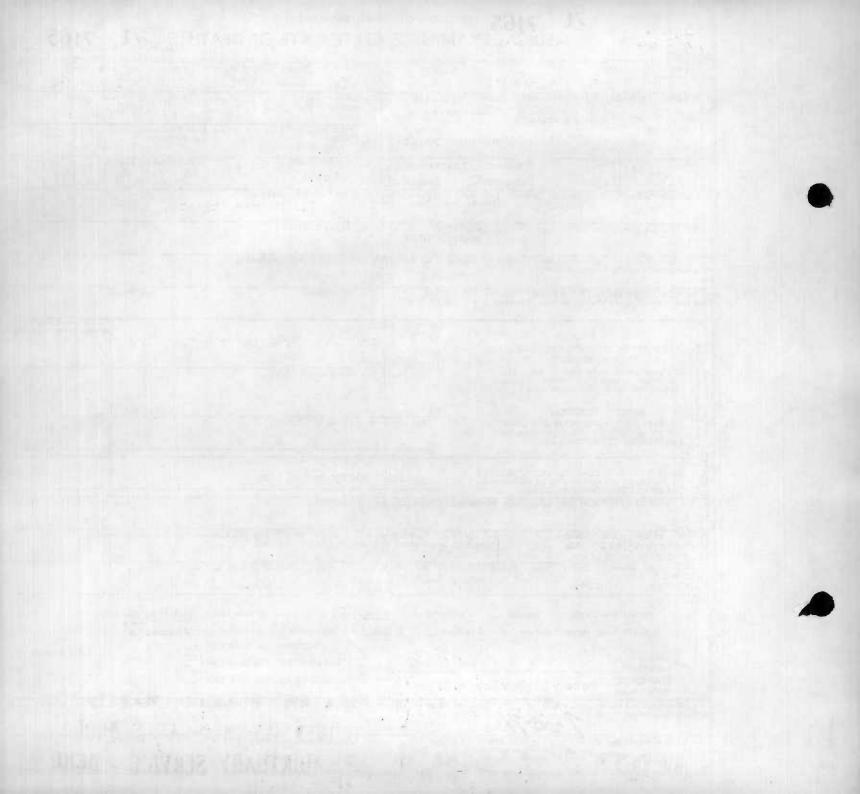




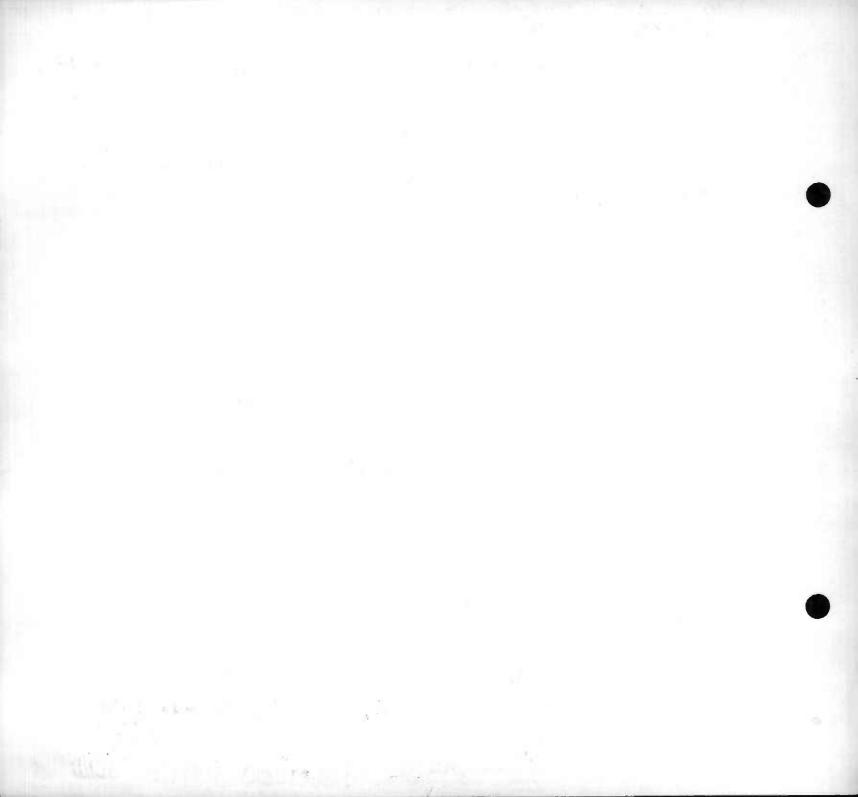
25A. DATE REGIO BY MEAUTH DEPT.

VS 151-REV. 1/1/68

25B, NAME OF REGISTRAR



18 21/1 511 22	BALTIMORE CITY	HEALTH DEPARTMENT	, н	74
BIRTH NO. 71-11074 7166	CERTIFICA	TE OF DEATH	REG. NO.	4 7166
(Type of Print) Baby Boy Bu	tler	2. DATE AN	19971	810
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Whe	ne deceased lived. If in:	stitution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	Md. 1		2562
South Roltimore Ber	Hospital	Baltino		YES X NO
43	,	E. STREET AND NUMBER 2960 Cherry	land Rd.	21225
5. SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF			ign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		Maryland		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
		Peggy.	Ann Bur	Her
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Jeann No.	Hospital	chart	
18. 772.0	CAUSE OF DEATH	1103/11/100	The court	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Neonatal	- asphy.	kia 2 days
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:	1	
injury or camplication which caused death.)		3 A	/	
ANTECEDENT CAUSES	(B) Int	acerebal	Memorrha	292
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		7
UNDERLYING CONDITION last	(c)			
	mobable			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Congein	tal blant	liverse	
DISEASE OR CONDITION GIVEN IN PART 1 (A).				***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION FOR WI WAS PERFORMED  214. ACCIDENT WAS UNDERLYING 1	HICH OPERATION	Ves	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF hame, DEATH (naify medical examined	LACE OF INJURY (e.g., Ir farm, factory, street, aff	or obout 21 C. WHERE DID	(If In Baltimore	City, give exoct locotion)
OF INJURY (Manth) (Day) (Year) (Haur) 21E, II	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) While Wark	At Work			
22. I certify that (1) (this hospital) attended the		7/7	19 <u>7/ta</u>	7/4 107/
that (4) (we) last saw the deceased alive an				7/9 19 7'
and haur and fram the causes stated above.		and the test of the test	ar innemal (ant) obtu	Ian death accurred on the date
23A. SIGNATURE	(ma) (ara hot) V	ew the bady after death.		23B, DATE SIGNED
James M. Brass	Atter	ding Med.	Staff Phys.	7/9/21
23C. PHYSICIAN'S WAME (Type)	DEGREE Phys.	Director LI	Phys. KSL	(411
		S 8	C- 4- 11.15	NAT AND
James A. Kopp 24A. BURIAL CREMATION, 124B. DATE 124C. NAM	DER (NI) DEGREEN	LITAMY ROAT	ED OF MAI	YLAND
REMOVAL (Specify)	AL OF CEWELEKT OF PRE	200.10	00	town, or county) (State)
7-29-71	III.	UVERSITY M	EDICAL SU	HOOL
25A. DATJUE 30 THE PROPERTY EAST	REGISTRAL OT	1 25 CHOWERAC DIRECTOR	RY SERVIC	CE - BCHD
VS 150-REV, 1/1/68		- + MATTA	M SPILLIE	4 - 5 - 5

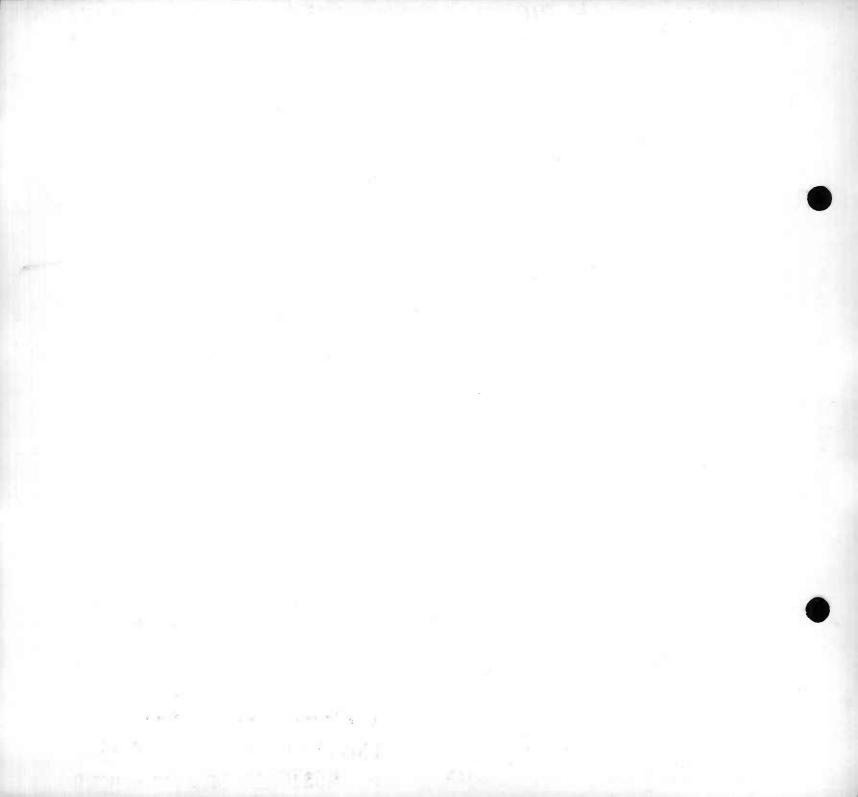


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1 1 12 121	BALTIMORE CITY	HEALTH DEPARTMENT	/	mid
BIRTH NO. 631 - 71 47167	CERTIFICA	TE OF DEATH	REG. NO	71 7167
1. NAME OF DECEASED GERARDI - BA	ABY GIRL	7/	HOUR OF DEATH	1 8 30 / PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	DEAD	4. USUAL RESIDENCE (Where	daceased lived. II ins	titution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	, GIVE STREET	MARYLAND		DE CITY LIMITS?
SOUTH BALTIMORE GE	NERAL	BALTIMORE  E. STREET AND NUMBER		YES NO
43 HOSPITAL		15/0P	anlia	aue
5. SEX 6. BACE 7. MARRIED NI WIDOWED	DIVORCED _	8- DATE OF BIRTH 7 7 12 - 71	AGÉ (In yeors os! birthdoy)	Months Days Hours Min,
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSH done during most of working life, even if softeed)	NESS OR INDUSTRY	The part of the Committee of the Committ	n country)	12 CITIZEN OF WHAT COUNTRY?
		BALTIMORE		
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM GERARDI	-	
	OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
(This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(6) DUE TO, OR AS	aconsequence of:		yndraue 36hrs
F TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OISEASE OR CONDITION GIVEN IN PART 1 (A).  119A.DATE OF OPERATION 119B. CONDITION FOR WHICH		20A AUTOPST? (Yes or No.		INDINGS CONSIDERED
WAS PERFORMED  U 21A. ACCIDENT WAS UNDERLYING 1 218 PLAC		162		// 0
OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examined	E OF INJURY (e.g., i m., factory, street, of	n of about 21G. WHERE DID fice bldg., INJURY OCCUR?	(if In Boltimore	City, give exact location)
21D.TIME (Month) (Doy) (Year) [Hous) 21E INJU OF INJURY (APPROX.) While At Work	RY OCCURRED Not While At Work	* D 21F. HOW DID INJ	JRY OCCUR	
22. I certify that (t) (this hospital) attended the de	ceased from		9 <u>71</u> to	19 2/ nian death accurred on the date
ond hour and from the causes stated above. (1) (We			it interpt (aut) opin	ligh death accorted on the date
23A. SIGNATURE	/ (ala) (ala-nor) (	new the body diret death.		23R DATE SIGNED
James a Konne 1	[/ . /]   Dhu		Staff Phys.	7/13/21
23C. PHYSICIAN'S NAMERYPO Tames A. Kopper	M.J.	23D. ADDRESS	B.G. H.	RVIAND
24A. BURIAL CREMATION, 24B. DATE 24C. NAME (REMOVAL (Specify)	DEGREE	WHEN THE MENTE	CATION (CI	
7-24-71		INIVERSITY N	REDICAL S	SCHOOL
JUL 30 1971 Pale E. Jahn A	SISTRAR	MODITAR	Y SERVIC	E - BĈŴ
V/S 150 DEV/ 1/1/40	0	1450 22 2 0	7	

16 espetal soup address is

1	1-200	71-1190	7168	BALTIMORE C	ATE OF DEAT	T VOSS , A	71 7168 4
1,1	RTH NO. NAME OF DECI pe or Print)	EASED	1304	<u> </u>	2. DAT	AND HOUR OF DEA	тн
-	DI 4.05 IV. D.115	/3A	BY 13	oy Voss	7//	8/7/	M.
3.	PLACE IN BALT	IMORE, MARYLAN	ID, WHERE PR	ONOUNCED DEAD	A. USUAL RESIDENCE	Where deceased lived.	If institution: residence before admission)
FU	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN H	OSPITAL OR II	NSTITUTION, GIVE STREET	2000	TING ST.	1403
	YNIVER	PSITU	HOSPI	TAC.	11/2		NSIDE CITY LIMITS?
					E. STREET AND NUMB		YES NO NO
_		GREEN	J7.		3007 ET	TING 57	r.
	И	6. RACE	WIDO		7/8/7/	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	L'USUAL OCCU	PATION (Give kind orking life, even if re	of work 10B, KIN	D OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or	loreign countryl	12. CITIZEN OF WHAT COUNTRY?
	INF	FANT	117807		MD.		4.5.
13.	FATHER'S NAM	( AAA	Plane	,,0	14. MOTHER'S MAIDEN	VOSS.	
5.	Wes Deceased	Ever in U. S. Arme	ed Forces?	1 6. SOCIAL	17. INFORMANT	1033.	ADDIE
Ye	s, no of unknown)	Of yes, give wor a	NO serv	security No.	INI OKIMANI		ADDRESS
	18. 777	XI		CAUSE OF DEA	TH		APPROXIMATE INTERVAL
	DISEASE	OR CONDITION	N DIRECTLY				BETWEEN ONSET AND DEATH
		EADING TO DE		(A)IMMEDIATE C	ALISE LHHATIL	PITY - 6	30 gm. 3 hr 35m
	(This does no	it meen the mod	e of dying.	C.C.	S A CONSEQUENCE OF:	6117-0	J. 2 103/11
	injury at camp	dication which co	used death.)	dse,			
	A	NTECEDENT CA	USES				6
	DISEASES OF	CONDITIONS,	if any of	Vinc. (B)	S A CONSEQUENCE OF:	**********************	
	rise to the	abave cause CONDITION las	(A) staling	the (C)	O A CONSEQUENCE OF:		
		- 11		(4/		***************************************	
= 1	I IO THE DEATH	ANT CONDITIONS	TO THE TERMIN	NG NAL			
5	DISEASE OR CO	NDITION GIVEN IN	PART 1 (A).	OR WHICH OPERATION	1204		***************************************
CERTIFIC	1	WAS	PERFORMED	OK WHICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
3	21A. ACCIDENT	WAS UNDERLYING CAUSE OF	NG	218 PLACE OF INJURY (e.c.	in at about 21C, WHERE DIE	) III to Politic	No
3	DEATH (natify n	ING CAUSE OF	_	218 PLACE OF INJURY (e.g. home, form, factory, street, etc.)	affice bidg., INJURY OCCU	th in pottin	nare City, give exoct locotion)
	OF INJURY	Manth) (Doy) 1)	(eorl (Hour)	21E, INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
٤	(APPROX.)			While At Work At Work			
	22. I cortify of	hat (I) (this has	nital) attack	ed the deceased from		10 01	The Day Lands to -
	that (1) (	net courte 1	prior) attende	an JUNE 18 (14	Wale 1		44 DM JUNE 18 19 71
- 1		,			,		pinian death accurred an the dote
	and haur and	tram the causes	stated abay	e. (1) (We) (did) (did not)	view the bady after dea	th.	
	23A, SIGNATURE	w Aar	tos	To Al. A	ending Med.	Stoff Phys.	23B, DATE SIGNED
1	23C. PHYSICIAN NAME (Typ	<b>'</b> \$		DEGREE PI	ys. Director L.	Phys.	1/18/1/
	JO AN	SAI	1105	MA	22 5 (	Secont C	
4A	BURIAL CREM	ATION, 24B. DAT		C. NAME of CEMETERY of C	ANATOMY	OF THE PARTY	MARYLAND
	REMOVAL (Sp.	ecify)	19-21		TRITICE E OTTAL	ALUEANON OI 4	(Stote)
5.4	DATE PECID .	Y HEALTH DEPT.	7//	AF OF BEGIEFE	UNIVERSITY	MEDICAL	SCHOOL
J/A	1111 00	TOTAL OF A		AE OF REGISTRAR	SEC. TUNINAL PIRES	ON	ADDRESS
15	50-REV. 1/1/68	5/1 V66	48 E. Ja	Ben M.D.	MORTE	LRY CEDVI	CE POHD
	"WIGHT U. 1/1/68				A 1 M M M M M M M M M M M M M M M M M M	4 4 4 4 4 7 1 1 1 1	



BA	ALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 74 74 69 C	ERTIFICATE OF DEATH REG. NO. 71 7169
I. NAME OF DECEASED	
	2. DATE AND HOUR OF DEATH
Type or Print SCHOULING ELS	1= 11. 1-2,9-71 16-10/8
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	A. STATE  4. USUAL RESIDENCE (Where deceased lived, it institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GADDRESS OR LOCATION)	
CHUIZEN HOME O HOPPITO	
CHU/2CH MOME O TO	E. STREET AND NUMBER
BALTIMORE MD 21	2205 E FAYETTEST.
5. SEX 6. RACE 7. MARRIED NEVE	- Hest Dirthdov)   Months: Dovs : Hours : Min.
	DIVORCED 0 4 -05-05 667.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES	S OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	VIRGINIA. U.S.A. AMERICAN-
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WESTLEY SCHAF	FER. NORA SLAYTON.
15. Was Decoased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service)  SECU	INITY NO.
	20-279 Dr. MEHITA CH. 13 ALTO.
18. 453 X 1 CA	USE OF DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
LEADING TO DEATH	IMMEDIATE CAUSE KIDNEY FAILURE 3 8 04
heart failure, asthenia, etc. It means the disease,	DUE 10, OKAS A CONSEQUENCE OF:
ANTECEDENT CAUSES	P. RENAL VEIN THROMBOSIS I Week
DISEASES OR CONDITIONS, if any, giving	DUE TO OR AS A CONSEQUENCE OF
ise to the above cause (A) stating the UNDERLYING CONDITION last. (C	THE TO A A DESCRIPTION OF THE PROPERTY OF THE
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	M COR PULMOTVALE
	***************************************
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OF WAS PERFORMED  1 19 7 1 19 7 1 1 1 1 1 1 1 1 1 1 1 1 1	IN CERTIFYING CAUSES OF DEATH?
1119 TILEO FEMORALI	
U 21A- ACCIDENT WAS UNDERLYING 21B. PLACE O home, form, letc.	F INJURY (e.g., in or obout 21C, WHERE DID (If In Boltimore City, give exact location) INJURY OCCUR?
O 210-TIME (Month) (Dayl (Year) (Hour) 21E INJURY	DCCURRED 21F. HOW DID INJURY OCCUR?
While At Work	Not While
22. I certify that (1) (this hospital) attended the decea	7/10/19/19/19/19/19/19/19/19/19/19/19/19/19/
that (1) (we) last saw the deceased alive on	/ 29/17/19 and that In(my) (our) opinion death occurred on the date
and haur and fram the causes stated above. (+) (We) (d	
23A. SIGNATURE	23 R. DATE SIGNED
AMeleto M.D	Attending Med. Staff T 7/29/7/
23C. PHYSICIAN'S NAME (Type)	ATA CHURCH FIRMES PLAN. BALTO
24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CI	DEGREE . MD 71531
REMOVAL (Specily)	0 + 1/ D
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTI	(Anelyr) Moyers dela Finn ADDRESS AR 25C. FUNERAL DIRECTOR
JUL 30 1971 Valent & James Med.	0 0 0 Adeath Schurch 2101 Entrit No
VS 150-REV, 1/1/68	11000

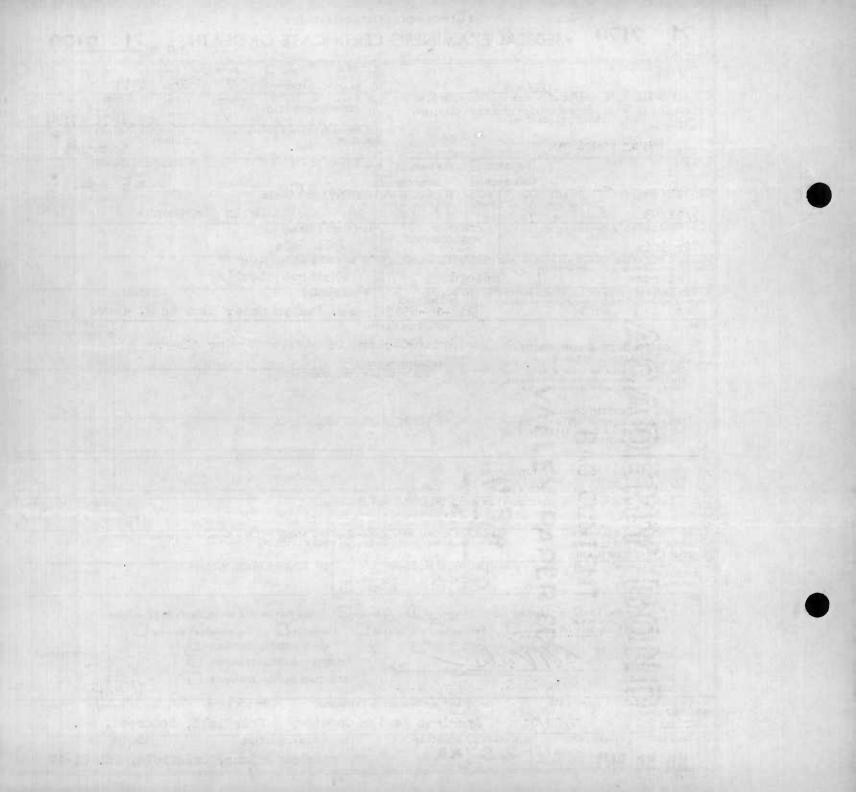


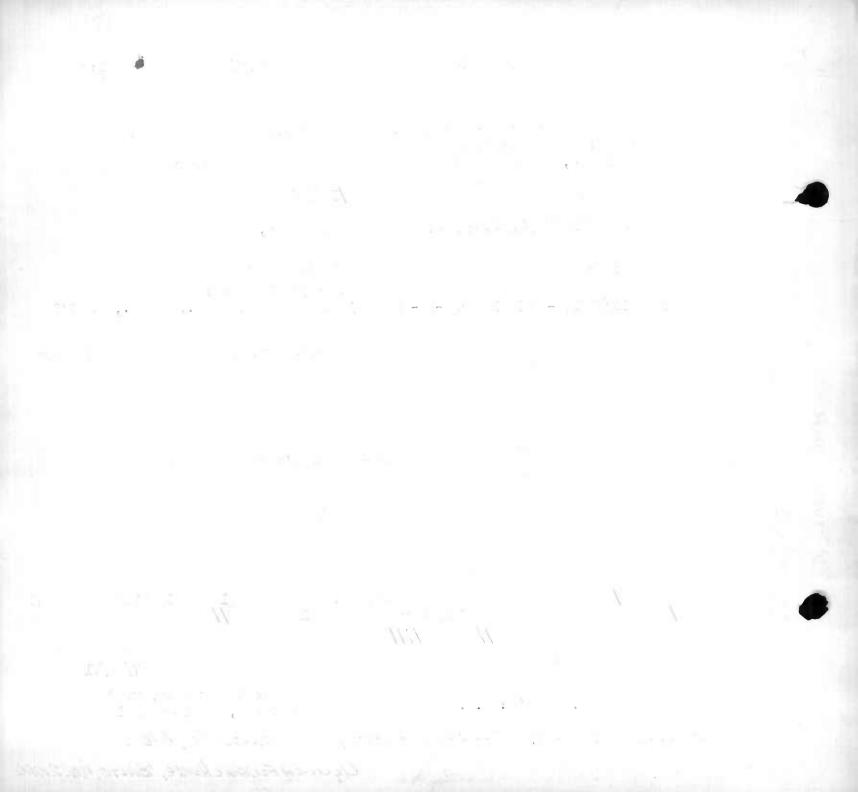
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MEDICAL	EVALAINIEDIC	CERTIFICATE	OF DEATH
MEDICAL	EXAMINER 5	CERTIFICATE	OF DEATH

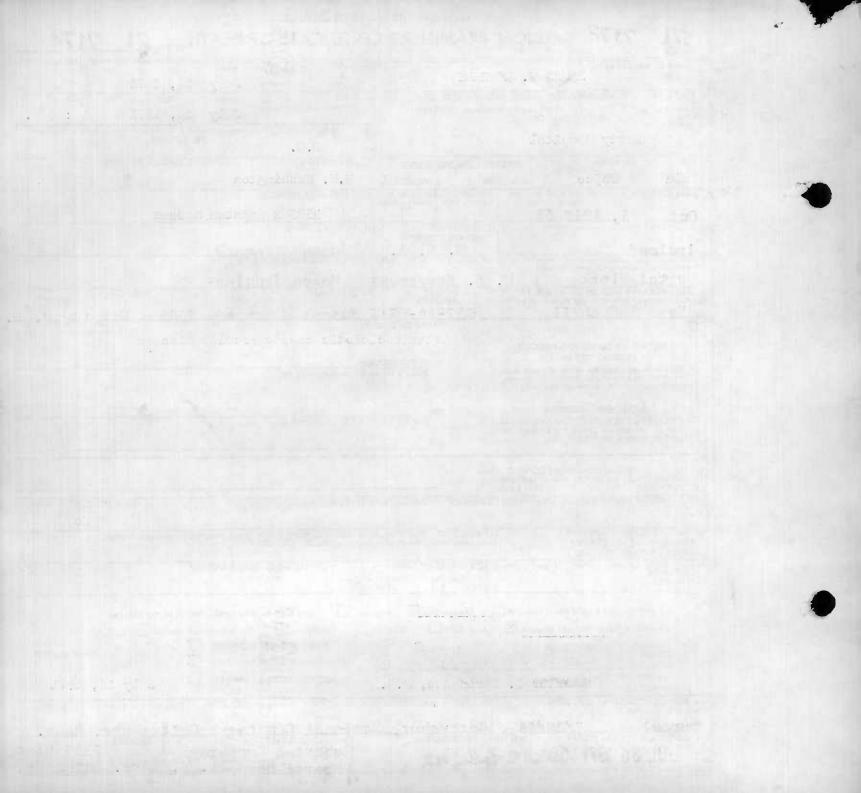
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REG	NO 71	/1	70

71 BIRTH NC.	7170	MED	ICA	EXAMINE		CERTIFI		OF	DEAT	H REG. N	0.71	חליול	
1. NAME OF DE	CEASED					2. DATE	Known		Month	Doy	Year	Hour	
		JOH	N GA	Æ		OF DEATH	Estimote	d 🗆	7	25	1971		м.
				RONOUNCED DEAL		3. DATE	INICED DE	4.0	Month	Day	Year	Haur	
HOSPITAL OR INSTITUTION	ADDRI	ESS OR LOCA	TION)	TITUTION, GIVE STREE	ĭ		JNCED DE		7	25	1971 tion: residence b	7:50	M. O
	cy Hosp	pital				A. STATE	Md.			B. COUNT		/	,,,,,
6. SEX	7. RACE		B. MARI	RIED NEVER MAR	RRIED 🗌	C. CITY OR	TOWN			D. INSIDE	CITY LIMITS?		
male	Whit	e	WIDOV	VED DIVO	RCED 🗌	Cris	field				YES V	NO 🗆	
9. DATE OF BIRT	TH THE	10.AGE (In lost birthdo)	years () 78	Months Days Hau	er 24 Hrs. rs   Min.				rie An	artmen			- 4
II. BIRTHPLACE	State ar foreig		10	12. CITIZEN OF		13. FATHER	S NAME	DG. V	To wh	ar omen			
Virginia				WHATACOUNTR		Joh	n Gale						
i 4A.USUAL OCCU	JPATION (Giv	ekind of work i	4B. KINE	OF BUSINESS OR	NDUSTR								
Waterm	an			eafood		Mar	garet	Ster	ling				
ie. WAS DECEAS Yes, no or unknown	Note of the second	U.S. ARMED	FORCES	7 17. SOCIAL SECURITY	NO	IB. INFORM	TANT				ADDRESS		
Yes	WW	1		218-16-	8538	Mrs.	Evelyn	Gal	.e, Sa	me as	E. above	9	
19. 4/	1.41			CAUSE	OF DEA	TH						ROXIMATE IN	
DISEAS	E OR COND	ITION DIREC	TLY	Arter	iosc	Lerotic	cardio	vas	cular	diseas	e	EEN ONSELAN	ID DEATH
	LEADING TO	DEATH			MEDIATE (								
heart lailure	not mean the e, asthenia, etc mplication which	. It means the	diseose.	DU	E 10, OR .	AS A CONSEQ	UENCE OF:						
DISEASES RISE TO TH	NTECEDENT OR CONDITION E ABOVE CAN NG CONDITI	ONS, IF ANY,	GIVING ING THE	(B)(C)	E TO, OR	AS A CONSEC	UENCE OF	:					
OI TO THE DE	VIFICANT CON ATH BUT NOT CONDITION	RELATED TO	HE TERM	INAL									
20A. DATE O				FOR WHICH OPERA	TION W	AS PERFORM	ED				21. AUTOP	SY? (Yes ar	Na)
UNDERLYING UTING CA	USE OF DEA	TRIB.		22B. PLACE OF INJU hame, farm, lactary, st	URY(e.g., treet, affic	in ar obout 2: e bldg., etc.) IN	C. WHERE	DID (If	In Baltimar	e City, give	exact lacation)		
≥ 22D. TIME OF INJURY (APPROX.)	(Month) (D	oy) (Year)	(Hou	WHILE AT WORK	NOT	WHILE	F. HOW D	ILNI DI	JRY OCCU	IR?			
23.					AIW	ORK L							
1 cert	ify that I he	eld on In	quiry [	Inspection	X Au	tapsy 🗌	and that	on thi	s basis,	death In m	y apinian		
resul	ted from: N	atural caus	es	Accident	Sulcid	le 🗌 Ho	micide 🗌	υ	ndetermin	ed manner			
		1	1/	1		C	HIEF MEDI			-			
SIGNATI		011	In	her	M.D	ASSIS	TANT MEDI	CAL EX	AMINER			DATE SIGN	ED
EXAMIN NAME (1	ER'S	Russe	11 S.	Fisher, M			CIATE MEDI	CAL EX	AMINER		7/26/71		
24A. BURIAL CREA	MATION, 2	4B. DATE		24C. NAME of CE	METERY	ar CREMATO	RY	24D. LC	CATION	(City, ta	wn, ar caunty)	(Stote	)
REMOVAL (Speci	(4)	7/28/	71	American	Tegi	on Ceme	terv	Cres	efiel		erset, 1		
25A. DATE REC'D	BY HEALTH			AME OF REGISTRAR			UNERAL DI			u, DOIII		ALL	
III 30	1971		E. 30	Bey M.D.						risfie	ADDRESS  1d, Md.	21817	
							1 /	-0					

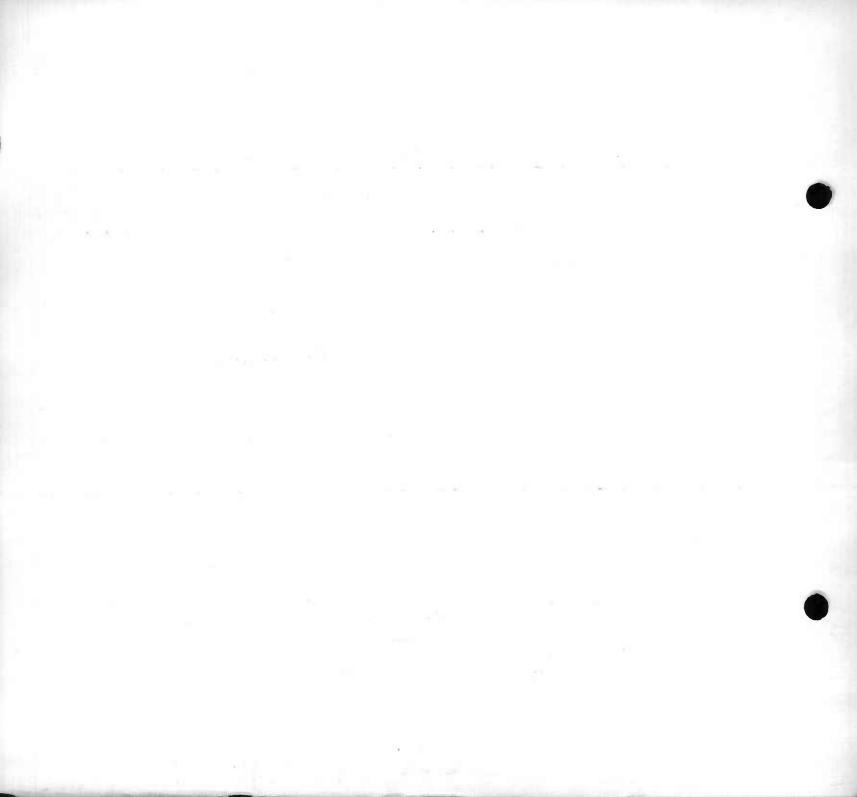




			BALTIMORE CITY HE						
71 BIRTH NO.	7172 MEI	DICAL I	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	71.	7172
1. NAME OF DE	CEASED JAMES	V. KENN	IEDY	2. DATE OF	Known 🔯	Month July	Day 1.0	Yeor	Hour
4. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PROP	NOUNCED DEAD	DEATH 3. DATE	Estimoted []	Month	24, 19	Yeor	Hour pp.
FULL NAME OF HOSPITAL OR INSTITUTION			TION, GIVE STREET	PRONO	UNCED DEAD	July	24, 19	71	10:10 P.M
	Mercy Hospita	1		A. STATE	D.C.	e deceased l	B. COUNTY	in: residence	belare admission)
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OF			D. INSIDE C	ITY LIMITS?	
Male	White	WIDOWED	DIVORCED [X]	N.W.	Washingt	on		res 🔯	NO 🗆
9. DATE OF BIRT	H 10.AGE (	in years If	Under 1 Yr. 11 Under 24 Hrs. oths: Days : Hours : Min.	E. STREET	AND NUMBER		'		110
-Oct	3 1919 53		Mills Days Hoods Mills		3505 N Ha	mpton	Street		
11. BIRTHPLACE	State or foreign country)	12.	CITIZEN OF	13. FATHER			0 -12 -0-0		
Trelan	d		WHAT COUNTRY?	Tos	enh Kor	nnedy			
14A-USUAL OCCU	JPATION (Give kind of work warking tife, even if retired)	14B. KIND O	BUSINESS OF INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME			
Postal		U.	S. Governen	He	len Jenr	nings			
16. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFOR		A J. I.A. St. of	A	DDRESS	747 1
Yes	WW TT	or service)	577-16-671	Toca	nh M Kor	an a dur	7505	AT 77	Wash,
19. 4/	1 11:		CAUSE OF DEA	TH JUSE	Dill II Kel	meny	3303	A	PPROXIMATE INTERVAL
DISEAS	SE OR CONDITION DIRE	CTIV	Arteriosc	lerotic	cardiova	scular	diseas	e serv	WEEN ONSET AND DEAT
	LEADING TO DEATH		ANNAMEDIATE C	AUCE					
(This does n	not mean the made of di s, asthenia, etc. It means th mplication which caused de	ylng, e.g.,	DUE TO, OR A		UENCE OF:				
injury or cor	mplication which coused de	oth.)							
A1	NTECEDENT CAUSES								
	OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA	Y, GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDEKLTIF	E ABOVÉ CAUSE (A) STA NG CONDITION LAST.	TING THE	-0.0						
ŏ			(c)						
O I IO THE DEA	II VIFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMINIA	3						
20A. DATE OF			WHICH OPERATION WA	S PERFORM	ED			IZI AUTO	PSY? (Yes or No)
Ö				- 1211 - 111				21. AUIO	
Z 22A. EXTER	NAL CAUSE WAS	1228	PLACE OF INJURY(e.g.	In or about 2	2C WHERE DID	If to Politica	o City also an		No
□ UTING □ CA	USE OF DEATH.		PLACE OF INJURY(e.g., e, farm, factory, street, office					ici iocanon)	
OF INJURY (APPROX.)	(Month) (Day) (Yea	· · · · ·	WHILE AT WORK AT W	WHILE -	2F. HOW DID IN.	JURY OCCI	JR?		
23.	If we that I held an I		Inspection Aut						
			_		and that on th		_		
result	ted from: Natural cau	SOS IXI	ccident Suicid				ed manner		
ACTUAL	(1)	())	) • 4		CHIEF MEDICAL E				DATE SIGNED
SIGNATU		7.00	sugar M.D.	ASSI	STANT MEDICAL E	XAMINER	X		DAIL SIGHED
EXAMINI NAME (T	('harla	s S. Sp	ringate, M.D.	ASSO	CIATE MEDICAL E	XAMINER	□ <sub>J1</sub>	uly 25	, 1971
24A. BURIAL CREA	MATION, 248, DATE	2	C. NAME of CEMETERY	CREMATO	RY 24D. I	LOCATION	(City, lown	, or county)	(State)
Burial	7/29/	71 (	Gettysburg N	lation	al Cemet	erv	Gettys	hura	Penn.
	BY HEALTH DEPT.	258. NAM	OF REGISTRAR	25C. F	UNERAL DIRECTO	OR	A	DDRESS	
JUL 3	30 1971 Re	BE 30	Ben MA	Rob	ert A Pu	A DOOR			7557 Wisc
VS 151-REV. 1/1/68	<u> </u>	7 (	757	Fun	erail Hon	no P	A. /	ive.	Bethesda,



VS 150-REV. 1/1/68



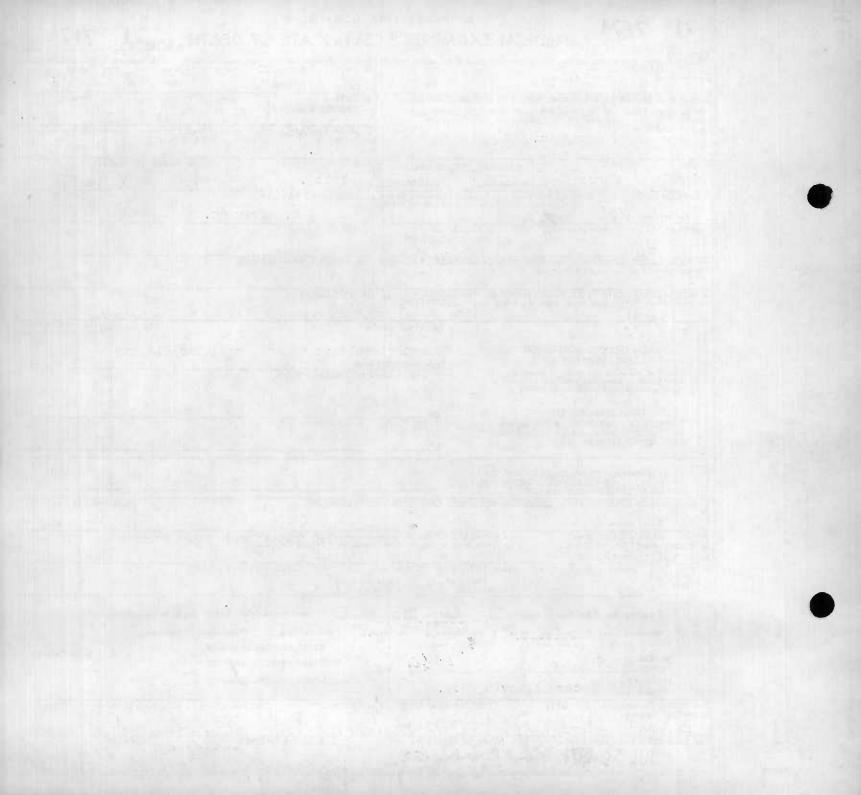
71 7174

VS 151-REV. 1/1/6B

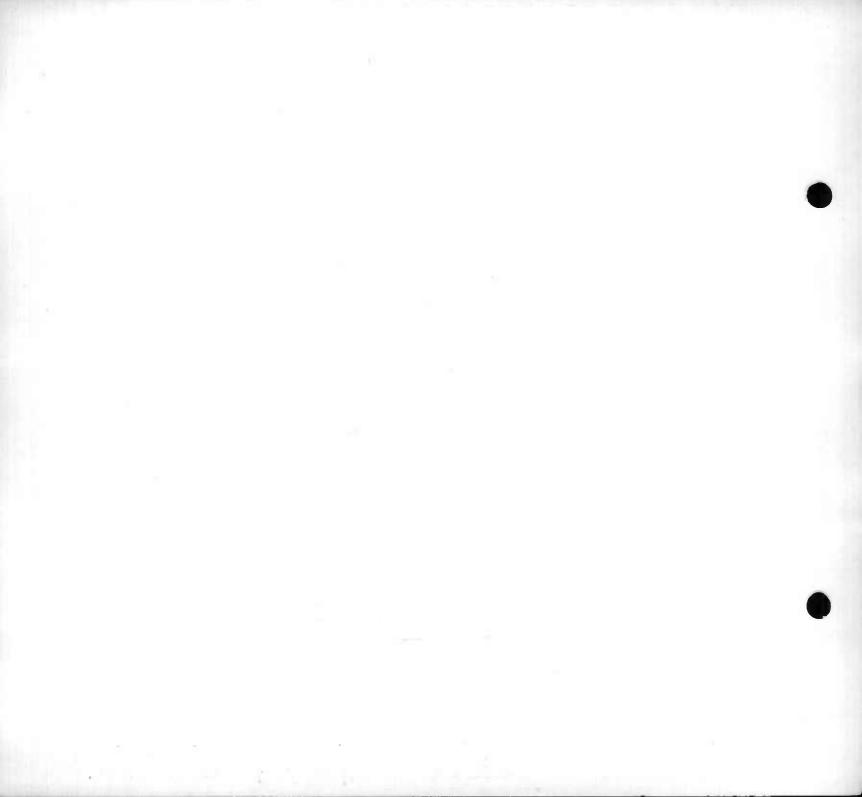
## BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH REG NO.
				REG NO

71 7174 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 71 7174	
BIRTH NO.		
I, NAME OF DECEASED Type or Print)  Lola Lee	2. DATE Known XX Manth Day Year Hour OF 23 71 10:30	) a .
A. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PROMOUNICED DEAD	a <sub>m.</sub>
7 N. Carey St.	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission A. STATE  B. COUNTY	n)
S. SEX 7. RACE B. MADDIED TO NEVER MADDIED	C. CITY OR TOWN ID. INSIDE CITY LIMITS?	_
female   7. RACE   8. MARRIED   NEVER MARRIED	Balto. YES ☑ NO ☐	
P. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. II Under 24 Hrs. lost birthdoy) Months; Doys; Hours; Min.	E. STREET AND NUMBER	
4-1- 18 1031 DITTOOY) MOITING DOYS HOURS	7 N. Carey St.	
11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
	IB. INFORMANT ADDRESS	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknown) (If yes, give wor or doles of service)  17. SOCIAL SECURITY NO.	/ ~ /	
19./ CAUSE OF DEA	LORENZO / Y PA/ONE SAME	RVAL.
The state of beautiful to the state of beaut	BETWEEN ONSET AND	DEATH
I FADINIC TO DEATH	osclerotic cardiovascular disease	
(This does not mean the made of dying, e.g., DUETO OR A	AS A CONSEQUENCE OF:	
heart follure, asthenia, etc. It means the disease, Injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
_   UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or N	10)
	no	
22A- EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- home, farm, factory, street, office uting ☐ CAUSE OF DEATH.	in or about 22C. WHERE DID (II in Baltimore City, give exact location) bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT NOT AT W	WHILE O	
23. I certify that I held an Inquiry Inspection XX Au	and that on this back, doubt to manufacture	
resulted from: Natural causes Accident Suicid		
resulted from: Natural causes 101 Accident Suicid	CHIEF MEDICAL EXAMINER	
ACTUAL X4 / MILLS	ASSISTANT MEDICAL EXAMINER XXXX	D
SIGNATURE MB	ASSOCIATE MEDICAL EXAMINER 7/23/71	
NAME (Type) Peter Lipkovic, M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, tawn, or caunty) (State)	
Buria 17-29-71 Mt. Hul	buin Cem Balto. Md.	
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR , BAILEY ADDRESS	/
IIII DII TI VAGED C, VALLEY TE	1/0/201 F/1 /21/0 / / / / /	1.



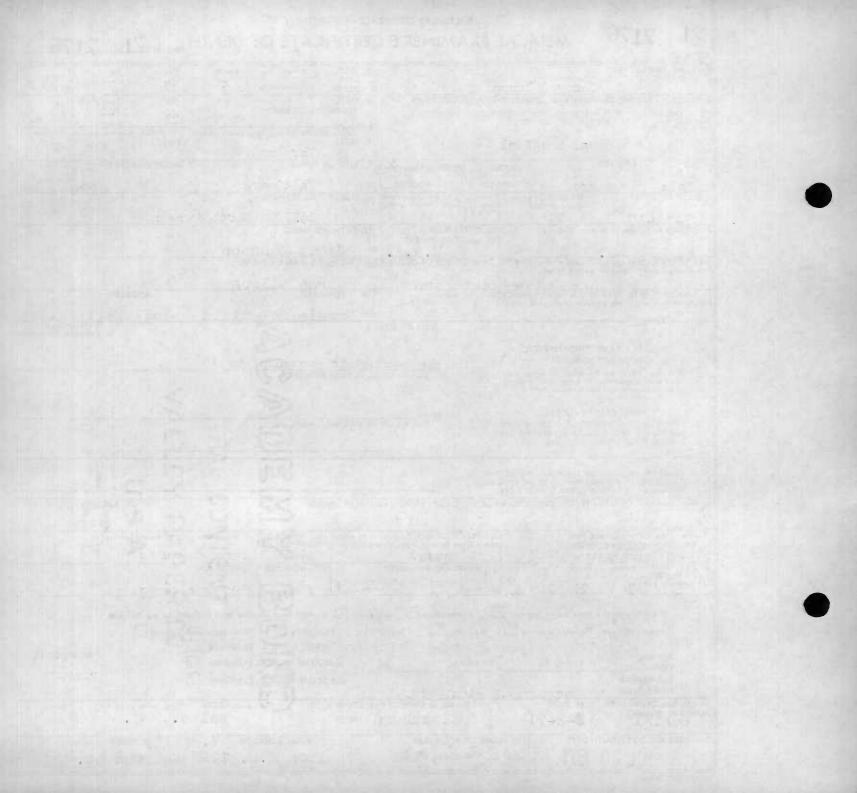
71 7175	BALTIMORE CITY H	EALTH DEPARTMENT	174 #	and a later Part
BIRTH NO.	CERTIFICAT	E OF DEATH	REG. NO.	7175
I, NAME OF DECEASED		To Dark An		
(Type or Print)	1		D HOUR OF DEATH	0.4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	RWELL	TISHAL BESIDANCE (WI)	8/7/	5:15 PM M.
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION ADDRESS OF LOCATION)	TION, GIVE STREET	BAITIMORE	MARYL	AND 1403
INSTITUTION		CITY OR TOWN 13ALTIMORE	D. INSIDI	E CITY LIMITS?
UNIVERS. OF MD. HOSI	OITAL	STREET AND NUMBER		
			TING ST.	·
S. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED 8.	2/22/12	9. AGE (in years last birthday)	H Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY 11.	BIRTHPLACE (Stole or forei	on country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		MARYLAND		USA
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAM		
Theodore Blackwell		SADIE I	DAY	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (II yes, give wor or dates of service)	6. SOCIAL 17.	INFORMANT		ADDRESS
	218-05-0413	Edna Choice	e 2306 Wh	nittier Ave.
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH		AMPRIAR	ABBUILLA	110 1 14
(This does not mean the mode al dying, e.g.,	DUE TO, OR AS A CO	MARDIAC. /	TICKAYIAM	I M.
heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)		orrat do tivet or .		
ANTECEDENT CAUSES		TO PIA	11-01110=	120 6 1 -
DISEASES OR CONDITIONS, if any, giving	(8) 5013 7 E	NTO RIAL	HEICNIHI	ion 2 dys.
nise to the above cause (A) stating the				/
UNDERLYING CONDITION last.	(c) (4 131	CAIN MA:	5\$	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ROIPA	TIME DOL	-12 00 . 11.1	,
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	MOPTICH	TION PN	EUMONIH	
19A-DATE OF OPERATION 19B. CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B IF YES, WERE FIN	DINGS CONSIDERED
2 0		VIES	IN CERTIFYING CAUSE	ES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING 21B. P OR CONTRIBUTING CAUSE OF home,	LACE OF INJURY (e.g., in or form, foctory, street, office	obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
DEATH (notify medical examines) home,	torm, toctory, street, office	bidg., INJURY OCCUR?		
9	NJURY OCCURRED	215 110		
5 01 1110011	AI Not While	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) White	Al Not While At Work	]		
22. I certify that (#) (this hospital) attended the			7/_to	5029 28 19 71
that (We) last sow the deceased alive on		- 1		
		ond the	· in (my/ (our) opinia	n death accurred on the date
ond hour ond from the causes stated above. (4)	(me) (did) ( <del>did list)</del> view	the bady ofter death.		
1 1 1 1	0			B. DATE SIGNED
L. B. Barneto, M.	D. DEGREE Phys.	9 Med. S	hys.	7/28/71
23C. PHYSICIAN'S NAME (Type)	23 D.	ADDRESS		
L.B. BARNETT, A	1D.	1111111-00	HAS DIT	TA1_
24A. BURIAL CREMATION, 24B. DATE 124C. NAA	AE of CEMETERY OF CREMA	TORY 24D. LO	CATION	// X
REMOVAL (Specify)				lown, or county) (Stote)
	THE RESERVE TO STATE OF THE PARTY OF THE PAR	em.	Balto.	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR	V.Bailey	ADDRESS
JUL 30 1971 Robert E. Jak	en MB	Kelson F.H.	1348 Calh	oun St.
S 150-REV. 1/1/68				



9-525 71 7176 BIRTH NO.

BALTIMORE CITY	HEALTH DEPAR	TMENT					
MEDICAL EXAMINER'S	CERTIFIC	CATE	OF	DEAT	H REG. NO.	71	7
	2. DATE	Known	1	Month	Day	Year	1

BII	RTH NO.		MILD	ICAL		( ) ( )	CKIIII	CAIL OI	DLATI	REG. NO.		/1/6		
1. NAME OF DECEASED							. DATE	Known 🏝	Month	Day	Year	Hour		
(Ty	pe ar Print)	Т.	ower Te	hacan			OF	Estimated	7	27	71	4:00	R <sub>M</sub>	
Leroy Johnson  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							DEATH B. DATE	Estimated [				Haur	M.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET								INCED DEAD	Month	Day	Year	naur		
HOSPITAL ADDRESS OR LOCATION)									7	27	71	4:00	A. M.	
OR INSTITUTION								ESIDENCE (Where			residence b	efare admis	sian)	
Sinai Hospital							A. STATE	Maryland		B. COUNTY	/	50	5	
6.	SEX	7. RACE		B. ALADDI	ED NEVER MARRI	IEN C	C. CITY OR			D. INSIDE CIT	Y LIMITS?			
0 1	Male	Neg:	10. AGE (In	WIDOW				Baltimore	3	YES	K	NO L		
7.	DATE OF BIRTH		lost birthday		If Under 1 Yr. If Under Manths , Days , Hours		. SIKEEL A	ND NUMBER						
	7-14-4	7	24					2437 W. 1	North A	venue				
11.	BIRTHPLACE (SI	ate ar fareig	gn country)	1	2. CITIZEN OF		3. FATHER	SNAME						
		MA			WHAT COUNTRY?	? _	Ton	og John	con					
14A	USUAL OCCUP	ATION (Giv	e kind al wark	4B. KIND	OF BUSINESS OR IN	DUSTRY	5. MOTHE	les John	ME					
dan	e during most of w	orking life, ev	en il retired)											
				deli	catessen		Sar		on					
16. (Ye:	WAS DECEASE , na ar unknown)	O EVER IN (If yes, give v	wor or dotes	FORCES:	17. SOCIAL SECURITY N	10.	B. INFORM	AANT		ADI	DRESS			
	no						Nanr	ie McDo	ngald	3827	Pal:	l Mal	1	
	19.	7//	X		CAUSE C	OF DEATH			The same of		API	PROXIMATE IN		
	- 7	50 4									REIW	EEN ONSET A	ND DEATH	
		EADING TO	ITION DIREC	TLY				1 6						
			mode of dyl	na. e a .	(A)IMME	EDIATE CA	USESTAD	wound of UENCE OF:	neck					
	heart failure,	. It meons the	UENCE OF:											
	injury ar complication which caused death.)													
	AN	TECEDENT	CAUSES		(0)									
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:													
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.													
Z	UNDEXITING CONDITION LAST. (C)												<del></del>	
H			11							To the second				
S	TO THE DEA													
E	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A).	***************************************									
CERTIFICATION	20A. DATE OF	OPERATION	1 208. CON	DITION	OR WHICH OPERATI	ION WAS	PERFORM	ED			21. AUTO	PSY? (Yes o	r No)	
O	1,											Yes		
V	22A. EXTERN	EXTERNAL CAUSE WAS   228, PLACE OF INJURY(e.g.,						In or about 22C. WHERE DID (If In Baltimore City, give exact						
EDICA	UNDERLYING	OR CON	TRIB-	F	ame, farm, foctory, stre	eet, affice b	ldg., etc.) If	JURY OCCUR?			Tocanony	1	D	
MEC	UTING LI CAL				House					Avenue		01	U	
_	OF INJURY	Month) (D	oy) (Yeor		22E. INJURY OCCL			2F. HOW DID IN.	JURY OCCU	R?				
-	(APPROX.)	7	27 71	4,00	m. WHILE AT WORK	NOT W	RK X	Stabbed o	during	altercar	tion			
	23.							0040004		ur oct ou	22011			
	1 certi	fy that I h	eld an Ir	quiry _	Inspection	Auto	p sy 🗵	ond that on th	is basis,	death in my o	pinion			
	resulte	ed from: N	lotural cous	ses 🗍	Accident	Suicide	T Ho			ed monner				
		11/1/1	0	, /				HIEF MEDICAL E						
	ACTUAL Dep											DATE SIGN	IED	
		SIGNATURE M.D.						ASSISTANT MEDICAL EXAMINER						
	EXAMINE		1		11)		ASSO	CIATE MEDICAL E	XAMINER			7-27-7	1	
	NAME (Ty		Werne	r U.	Spitz. M.D.			The West						
24.	A. BURIAL CREM	ATION, 2	4B. DATE		24C. NAME of CEM			RY 24D.	LOCATION	(City, town,	or county)	(Stot	e)	
T. E.	MOVAL (Specific	,	8-2-7	1	Mt. aut	burn	Cem		Bal	to., Mo				
	A. DATE REC'D E				ME OF REGISTRAR		lose F	LINED AL DIDECTO	D 7/	20110	DECC			
231	1111			1 -	E. Jaber M.E	2		UNERAL DIRECTO		Balleyo				
	JU	L 30 1	971 00	ه کاویان	- Jacober 14	0,	ve-	lson F.H	. 134	8 Calho	un S	t.		
vs	151-REV. 1/1/68	1/7	V- 1											



0-48	2	717	77		ALTIMORE				05.	DEAT					
BIRTH NO.		MEL	JICA	L EX	AMINE	-K 2 (	LEKIIF	ICATE (	OF I	DEAT	H REG.	No. 71		717	1
1. NAME OF DE	CEASED		-				2. DATE							7 5,00	
(Type or Print)  AARON L. CLARK							OF		X	Month	Day		Yeor	Hour	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						DEATH	Estimoted	1 11	July	28,				M.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)								DUNCED DEAL	.D	Month July	28,		Yeor	11:45	5 P.
OR INSTITUTION							5. USUAL	RESIDENCE (	Where c	deceased li	ved. If ins	titution: resi	dence b	efore odmi	ssion)
0.0	1129 1	N. Carr	ollte	on A	venue		A. STATE	Marylan	d		B. COU	NTY		) 7	39
						C. CITY OR TOWN ID. INSIDE CITY LIMITS?									
Male	Nes	rro		WED 🔲	DIVO			Baltimo	200				7		
9. DATE OF BIR		10. AGE (I			or I Yr. If Unde		F. STREET	AND NUMBE				YES L		10	
8-8-44		last birthdo	6	Months	Days Hou	rs Min.	L. OIREE	1252 Ki		ce Roa	ıd				
II. BIRTHPLACE	(State or farei	gn country)			IZEN OF		13. FATHE	R'S NAME							
Maryla	nd			WH	IAT COUNTR	(Y?	Outi	ney Cla	ark						
IAA USUAL OCCI	LIPATION/GE	ve kind of work	148. KIN	OF BU	SINESS OR I	NDUSTR	115. MOTH	ER'S MAIDEN	NAME						
done during most of Auto As	working life, e	ven it retired)			1 Mot										
							Ann								
(Yes, no of unknown	n) (If yes, give	wor or doles	of service	3, 1,	7. SOCIAL SECURITY	NO.	18. INFOR					+ ADDRE	SSmer	1770	
Yes	Vie	tnam		5	15-40	-523	0 Mrs	. Caro.	lyn	Clar	k l	252 K	idm	ore	Rd
19.	6 XI				CAUSE	OF DEA								ROXIMATE IN	
DISEAS	SE OR CONE		CTLY			Foca	l acut	e pneumo	onit	is			DET ITE	an onaci A	NO DEATH
/21.	LEADING TO				(A)IMA	MEDIATE C	AUSE								
heart follur	not mean the e, asthenia, etc	mode of dy	ing, e.g.,				AS A CONSE	QUENCE OF:							
injury or co	mplication whi	ch coused dec	oth.)												
	ARTECTORAN	CALICEC													
DISFASES	OR CONDITI	CAUSES	CIVING		(B)	TO OP	AS A CONS	QUENCE OF:					-		
RISE TO TH	OR CONDITI	USE (A) STAT	TING THE		201	10, OK	W3 W CO1425	QUENCE OF							
Z	NG CONDII	ION LAST.			(c)										
일 -		11											-		-
의 TO THE DE	NIFICANT COL ATH BUT NOT R CONDITION	RELATED TO	THE TERM	UNAL											
20A. DATE O					HICH OPERA	TION W	S PERFOR	AED		-		21.	AUTOP	SY? (Yes o	r No)
ਹ															
₹ 22A. FYTER	RNAL CAUSE	WAS		228 BI A	CE OF INIII	Inv/a -	( 1 1)	200 1441505	N					es	
UNDERLYING UTING CA	G OR CON	TRIB-		home, fo	irm, foctory, st	treet, affic	bldg., etc.)	22C. WHERE D	NKS DID (II I	in Baltimor	a City, gh	e exact loca	ation)		
		Doy) (Year	) (Hou	r) 22E.	INJURY OCC	CURRED		22F. HOW DIE	ULNI C	RY OCCU	R?				
(APPROX.)					E AT [7	NOT AT W	WHILE								
23.															
I cert	tlfy that I h	eld on I	nquiry [	] 1	nspection [	Aut	topsy K	and that a	on this	basts,	death In	my opini	lon		
resul	ted from: N	atural cou	ses X	Acci	ident 🗌	Suleid	.П.	omicide 🗌		determin					
	0	1 1		\	) _			CHIEF MEDIC							
ACTUAL		rank	1	Q'	111	11		STANT MEDIC			X		0	ATE SIGN	IED
SIGNAT		0000	0 0	1	+ moja	M.D.	•								
NAME (		Charle	s S.	Spri	ingate,	M.D.	ASSO	CIATE MEDIC	CAL EXA	MINER		July 2	29,	1971	
24A. BURIAL CRE	MATION, 2	24B. DATE			NAME of CE			DRY 2	24D. LO	CATION		town, or c		(Stat	e)
Burial		8-2-7	1	A	rbutu	s Men	m Parl	2	Bal	lto.,	Md				
25A. DATE REC'D	BY HEALTH				REGISTRAR			FUNERAL DIR				ADDRE	55		
1111	20 407	· 0 -	18.75					0 91179	2 /						
JUL	on 12/	UGB	سع جـ	Jan	en KD	U U	O W	h C Mai	rch	928	E.	Nort	h A	ve.	
VS 151-REV. 1/1/6	8														

9/13/71 - Letter from Medical Examiner's Office.

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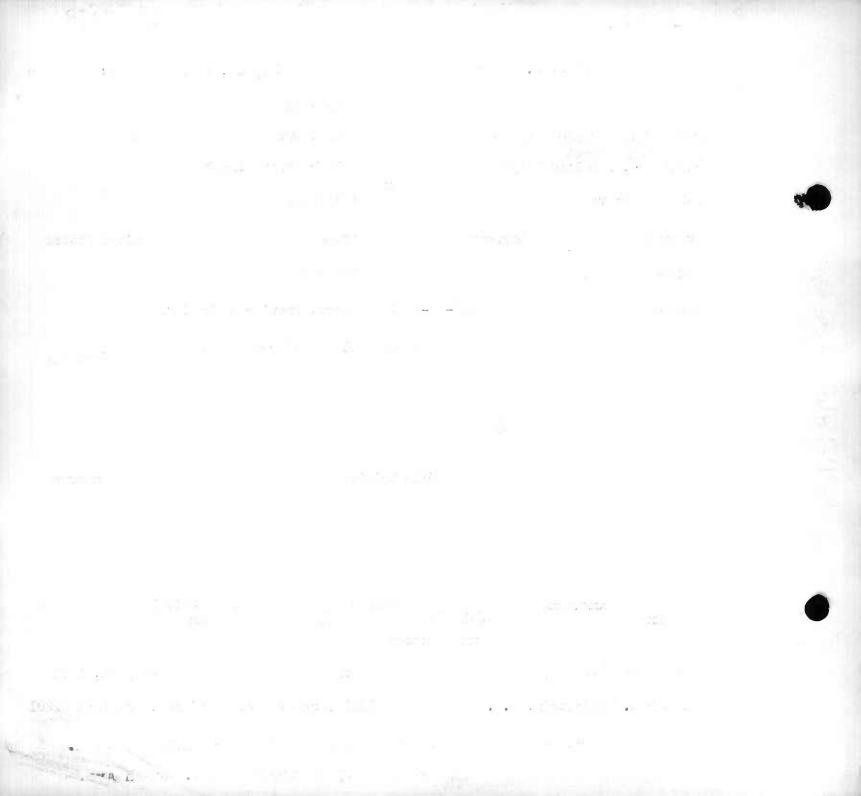
certificate must be

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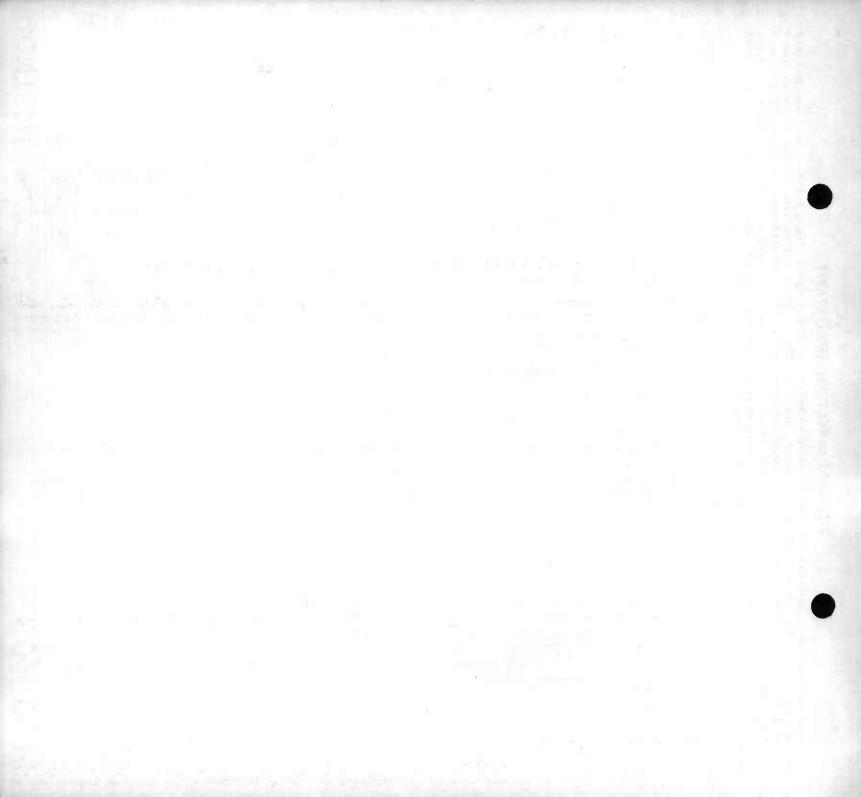
of death

7-500	אני ולי	<b>1</b> 10		HEALTH DEPARTMEN	•	71 7178
H NO.	, 4	78	CERTIFICA	TE OF DEAT	H REG. NO	
AME OF DECEA				2, DAT	E AND HOUR OF DEATH	н
	James	M. Coher		Jt	ly 26, 1971	5:45 P
LACE IN BALTIN	AORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, II	institution residence below odmiss
L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TON, GIVE STREET	Maryland		1402
TUTION				C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	ew Nursing	center		Baltimore E. STREET AND NUMB	ED.	YES K NO
1213 Light		22000			9	
EX 6.	Maryland RACE			507 McMecha		
Wale :	Negro	WIDOWED		6/14/1905	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 I Months Doys Hours Min
USUAL OCCUPA	ATION (Give kind of work	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUN
	king life, even if retired)				MID	
ATHER'S NAME		Unknow	<u>n</u>	Unknown 14. MOTHER'S MAIDEN	E. September 1	United States
		1		MAIDEN	NAME	
	George C			Unknown		
/es Deceased Eve no or unknown) (If	er in U. S. Armed Fore	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Jnknown			212-03-3921	Chart. Pro	ident Hospita	e]
18. / 4. /	91		CAUSE OF DEATH		zaone nospre	APPROXIMATE INTERVA
DISEASE	OR CONDITION DIR	ECTI Y	4			BETWEEN ONSET AND DE
	ADING TO DEATH			Cell Careino	ma of Tongue	6
(This does not	mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	*****************	6 months
injury or camplic	lhenia, etc. 11 means cation which caused	the disease, death.)				
ANT	TECEDENT CAUSES			199		
	CONDITIONS, il		(B)	A CONSEQUENCE OF:	*****	
rise to the	above cause IA)	slalina the	DUE 10, OR AS	A CONSEQUENCE OF:		544 Same
UNDERLYING C	ONDITION last.		(C)		***************************************	
	II.					
OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING	Malmutri	tion	The land on the	
DISEASE OR CON	DITION GIVEN IN PART	[ ] (A).	***************************************	TOTOM	Unknown	
9A-DATE OF OP	PERATION 198. CONI	ORMED	HICH OPERATION	20A. AUTOPSY? (Yes		FINDINGS CONSIDERED
A ACCIDENT	WAS UNDERLYING	21B, I	LACE OF INJURY (e.g., in	or obout 21C. WHERE DI	D (II in Boltime	re City, give exect location)
DEATH Inotify me	dicol exemined	home otc.)	, farm, foctory, street, off	ico bidg., INJURY OCCU	R?	
	Nonth) (Doy) (Year)		NI III A CONTRACTOR			
DE INJURY	teon (boy) (reon		NJURY OCCURRED  At   Not While		INJURY OCCUR?	
APPROXI		Work	At Work			
2. f certify tha	it (1) (abtacles-sted)	attended the	deceased from 111		19 <b>71</b> to <b>July</b>	7 26 19 71
				27		
						decili decurred an the d
3A. SIGNATURE	an the cools stor		TOTEL (GLG) TOTO HOLD AL	ew the body after dea	th.	
10+1	1101	1 Shiff [***]				
Telen P	t Meinst	em, M.	OEGREE	Director L	J Phys. L	July 26, 1971
NAME (Type)			2			
		n, M.D.	DECOSE	1111 Park Ave	nue, Baltimor	e, Maryland 21201
BURIAL CREMAT	TION, 248. DATE	24C.NA	ME of CEMETERY OF CRE		1	ity, town, or county) (Stote)
	100	73 M+	Calvany Con	etenr		
1111 20 4		arm	-100	9 6579	flex.A	ADDRESS
, OL 30	Jake B	E Valle	At D	Man of water	THE AND E.	wor'th Ave.
hat (1) (per) last ind haur and from 3A. SIGNATURE  Peter H.  Peter H.	Rheinstein Tion, 248. DATE 7-30-7	ed alive an	OEGREE  ME of CEMETERY OF CREE  Calvary Cen	ew the body after dead ding was Med. Director Di	the ln(my) (55) aple the phys.   Sheff Phys.   D. LOCATION (C)  Anne Arunde (C)	July 26,  e, Marylan  ity, town, or county  Cty., M



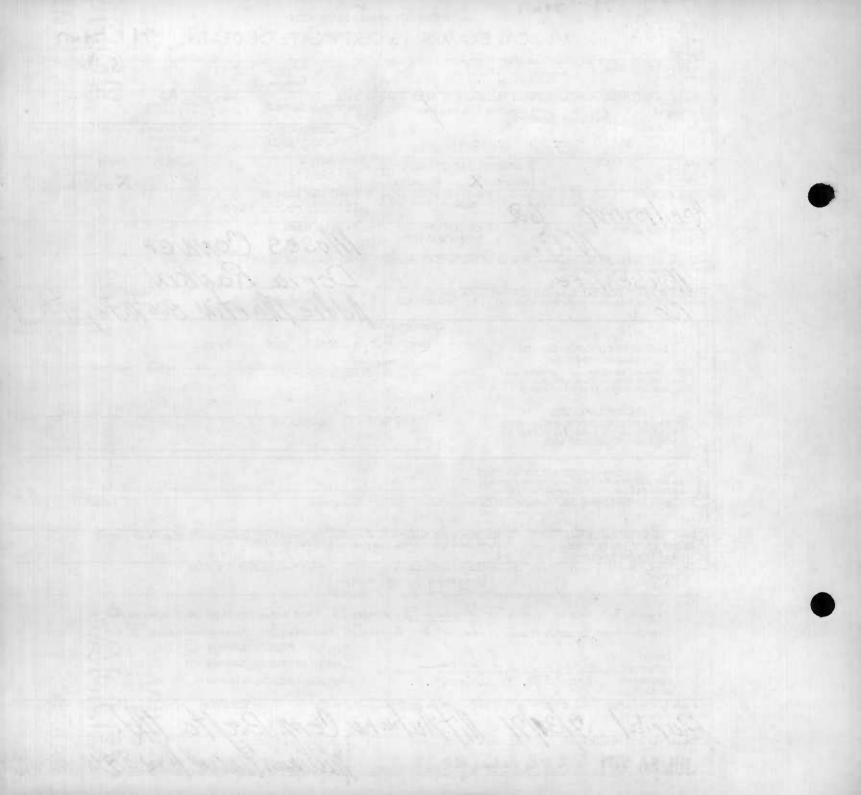
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.	Service 1		DALIMORE CIT	HEALTH DEPARTMENT	Len a	A MALE TOTAL				
	71 71	79	CERTIFICA	TE OF DEATH	REG. NO.	1 73 /8				
I, NAME OF DE	CEASED	4 .2		DATE AL	ID HOUR OF DEATH					
(Type or Print)	184	1-	1 (7-11)	2. DA 3.3	D HOUR OF DEATH	** ***				
	WALTER	ZENG		IAN) 7	71	1 12 45 AM				
3. PLACE IN BA	LTIMORE MARYLAND, Y	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	re deceased lived. If in	stitution: residence before admission)				
				1 1	1	7/00				
FULL NAME O HOSPITAL OR INSTITUTION	F fif NOT IN HOSPIT	ATION	UTION, GIVE STREET	MARYLAND Z607						
NOTITUTION				C. CITY OR TOWN  D. INSIDE CITY LIMITS?						
JOHNS	HOPRINS HO	en-TA		BALTIMORE 21224 YES NO []						
73 775	170	PHINC		E. STREET AND NUMBER	2.0	LA				
5 5					To a b and					
S. SEX	V 5000			1 1104	DIV ST					
- SEA	6. RACE	* MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	tf Under 1 Yr. Il Under 24 Hrs. Manths: Days Hours: Min.				
11	CAUC	WIDOWED	DIVORCED T	33122	49	With the state of				
MA HISHAL OC	CUPATION Give kind of worl			11. BIRTHPLACE (Stole or fore						
lone during most c	f working life, even if retired)	TION KIND OF	BOSINESS OF INDUSTRI	II. BIKITIPLACE (Stole or tore	ign country)	12. CITIZEN OF WHAT COUNTRY				
BARB		ACID !	RBERING	Montana		United State				
				1. 1.10/0/		I OMIEN STATES				
3. FATHER'S NA	4		6	14. MOTHER'S MAIDEN NA						
1	INTHONY Z.	ENJIAN	(LENGIAN)	BIANCHI	= JONPIN	Siel				
	,				0 0					
es, no or unknow	d Ever in U. S. Armed For n) (If yes, give war or date	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS				
110			PEGUNITI ITV.	Also Eustelina H	1. 1/min a	AL POT & ST				
/ /				/	100000	10, 6 concor 30				
18.	3571		CAUSE OF DEATH	1		APPROXIMATE INTERVAL				
DISE	SE OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH				
	LEADING TO DEATH			1 August A		1				
(This does	not mean the mode of	dving. e.g.	(A) IMMEDIATE CAU	SE HYPUXIA	~~~~~	week				
heart faiture	, asthenia, etc. It means	the disease.	DUE IO, OR AS	A CONSEQUENCE OF:						
injury or co	indury of complication which caused death 1									
	DISEASES OR CONDITIONS, if any, giving  (B) REFRACTORY CONSESTIVE HEART FAILURE I MONTH									
	ANTECEDENT CAUSES		Drink	elan Conser	- 12 11 ar 5					
			(B) REFRA	crony CONGES	TIVE HEART F	AILURE I Month				
DISEASES	OR CONDITIONS, if	any, giving	(B) REFRA	CONSEQUENCE OF:	TIVE HEART F	ALLUPE I Month				
DISEASES rise to t	OR CONDITIONS, if	any, giving		A	/					
DISEASES rise to t	OR CONDITIONS, if	any, giving		A	TIVE HEART F					
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DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR 19A-DATE OF 19A-DATE OF 21A-ACCID OR CONTRIB DEATH (notified) 21D. TIME OF INJURY (APPROX.)  22. I certified that (I) was and haur ar 23A. SIGNAT	OR CONDITIONS, if the above cause (A) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	eny, giving stating the NTRIBUTING HE TERMINAL IT I (A).  DITION FOR VEORMED  (Hour) 21E, Whit Word World Statement of the st	VHICH OPERATION  PLACE OF INJURY (e.g., ire, farm, foctory, street, off INJURY OCCURRED to At Work to deceased from 7 2 4  (Me) (did) (drd-nat) vice Attention of the Attention	20A. AUTOPST? (Yes or No	20B. IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?  City, give exoct location)  7 29 19 71				
DISEASES rise to fi UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR 19A. DATE OF 19A. ACCID OR CONTRIB OF INJURY (APPROX.)  22. I certifi tha (I) we and have or 23A. SIGNAT	OR CONDITIONS, if the above cause (A) is above cause (A) is CONDITION lest.  II IFICANT CONDITION S COLONDITION GIVEN IN PARFER (A) CONDITION GIVEN IN PARFER (A) CONDITION GIVEN IN PARFER (A) (Month) (Doy) from (Month) (Month) (Month) (Month) (Month) (Month) from (Month) (Mon	eny, giving stating the NTRIBUTING HE TERMINAL IT I (A).  DITION FOR VEORMED  (Hour) 21E, Whit Word World Statement of the st	VHICH OPERATION  PLACE OF INJURY (e.g., ire, farm, foctory, street, off INJURY OCCURRED to At Work to deceased from 7 2 4  (Me) (did) (drd-nat) vice Attention of the Attention	2 FALLURE  20A. AUTOPST? (Yes or No No No 10 10 10 10 10 10 10 10 10 10 10 10 10	20B, IF YES, WERE FIN CERTIFYING CAL  (II In Boltimore  URY OCCUR?	INDINGS CONSIDERED USES OF DEATH?  City, give exoct location)  7 29 19 71				
DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR 19A-DATE OF 19A-DATE OF 21A-ACCID OR CONTRIB DEATH (notified) 21D. TIME OF INJURY (APPROX.)  22. I certified that (I) was and haur ar 23A. SIGNAT	OR CONDITIONS, if the above cause (A) IG CONDITION lest.  IIIFICANT CONDITION S COLUMN CONDITION GIVEN IN PARTY OF PERATTON 1978. CONDITION GIVEN IN PARTY OF THE CONDITION OF THE CONDI	eny, giving stating the NTRIBUTING HE TERMINAL IT 1 (A).  DITION FOR VECAL HOUSE HOU	WHICH OPERATION  PLACE OF INJURY (e.g., ire, form, foctory, street, off injury Occurred in At Work in deceased from 7, 25  (Ma) (did) (did not) vi	20A. AUTOPST? (Yes or No	20B. IF YES, WERE FIN CERTIFYING CAL  (II In Boltimore  URY OCCUR?  19 7 to  at in(my) (abr) apin  Stoff	INDINGS CONSIDERED USES OF DEATH?  City, give exoct location)  7 29 19 71				
DISEASES rise to fi UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR 19A. DATE OF 19A. ACCID OR CONTRIB OF INJURY (APPROX.)  22. I certifi tha (I) we and haur or 23A. SIGNAT  23C. PHYSICI NAME (I)	OR CONDITIONS, if the above cause (A) IG CONDITION lest.  II IFICANT CONDITION COUNTY BUT NOT RELATED TO THE CONDITION GIVEN IN PAR FOR CONDITION GIVEN CONDITION CON	ANTRIBUTING HE TERMINAL IT 1 (A).  CHOUNT 21E, White Word  CHOUNT 21E, White CHOUNT 21E, CHOUNT 21E, White CHOUNT 21E, CHOUNT	(c) MOCAR  WHICH OPERATION  PLACE OF INJURY (e.g., ire, offer, foctory, street, street	20A. AUTOPST? (Yes or No	20B. IF YES, WERE FIN CERTIFYING CAL  (II In Boltimore  URY OCCUR?  19 71 to  at in(my) (abr) apin  Shoff Phys.	INDINGS CONSIDERED USES OF DEATH?  City, give exoct location)  7 29 19 71				
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DISEASES fise to fi UN DERLYIN  OTHER SIGN TO THE DEA DISEASE OR 17A. DATE OF DISEASE OR 17A. DATE OF DISEASE OR 17A. DATE OF DEATH (notified) The off INJURY (APPROX.)  22. 1 certified The off INJURY (APPROX.)  23C. PHYSICI NAME (1)  AA. BURIAL CR REMOVAL	OR CONDITIONS, if the above cause (A) (G CONDITION last, I) (G CONDITION CONTROL OF CONDITION CONTROL OF CONDITION CONTROL OF CONDITION CONTROL OF CONTROL	Any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). Diffion FOR V FORMED    1   21E, hometc.]   1   21E, whi wor   21E, w	VHICH OPERATION  PLACE OF INJURY (e.g., ire, farm, factory, street, off INJURY OCCURRED At Wark At War	2 FAILURE  20A. AUTOPST? (Yes or No	208, IF YES, WERE FIN CERTIFYING CAL  (It In Boltimore  URY OCCUR?  19 71 to at in(my) (aur) apin  Shoff Phys.	INDINGS CONSIDERED USES OF DEATH?  City, give exoct location)  7 29 19 71  Gian death accurred on the date  238. DATE SIGNED.  7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
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DISEASES rise to fi UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR 17A. DATE OF DISEASE OR 17A. DATE OF DISEASE OR 17A. ACCIDIO OR CONTRIB DEATH (notification) 21D. TIME OF INJURY (APPROX.)  22. I certification that (I) we and haur ar 23A. SIGNAT  23C. PHYSICI NAME (I)  AA. BURIAL CR REMOVAL	OR CONDITIONS, if the above cause (A) in a cause (A	NTRIBUTING HE TERMINAL IT 1 (A).  OTHER HEAD  (Hour) 21E Whi Wes	VHICH OPERATION  PLACE OF INJURY (e.g., ire, farm, factory, street, off INJURY OCCURRED At Wark At War	2 FAILURE  20A. AUTOPST? (Yes or No	208, IF YES, WERE FIN CERTIFYING CAL  (If In Boltimore  URY OCCUR?  19 1 to at in(my) (aur) apin  Shoff Phys.	NDINGS CONSIDERED USES OF DEATH?  City, give exoct location)  7 27 19 71  ian death accurred on the date  238. DATE SIGNED  7 7971  , TALT. MD  , town, or county) (State)				
DISEASES  itse to fi UNDERLYIN  OTHER SIGN TO THE DEA  DISEASE OR  17A. DATE OF  21A. ACCIDION OR CONTRIB DEATH (notif) We and haur or  23A. SIGNAT  23C. PHYSICI NAME (1)  A. BURIAL CR REMOVAL	OR CONDITIONS, if the above cause (A) (G CONDITION last, I) (G CONDITION CONTROL OF CONDITION CONTROL OF CONDITION CONTROL OF CONDITION CONTROL OF CONTROL	NTRIBUTING HE TERMINAL IT 1 (A).  OTHER HEAD  (Hour) 21E Whi Wes	VHICH OPERATION  PLACE OF INJURY (e.g., ire, farm, factory, street, off INJURY OCCURRED At Wark At War	2 FAILURE  20A. AUTOPST? (Yes or No	208, IF YES, WERE FIN CERTIFYING CAL  (If In Boltimore  URY OCCUR?  19 1 to at in(my) (aur) apin  Shoff Phys.	INDINGS CONSIDERED  SES OF DEATH?  City, give exoct location)  7 29 19 71  Sian death accurred on the date  238. DATE SIGNED:  7 79 1  FALT. MD  (, town, or county) (Siate)  MD.				



VS 151-REV. 1/1/68

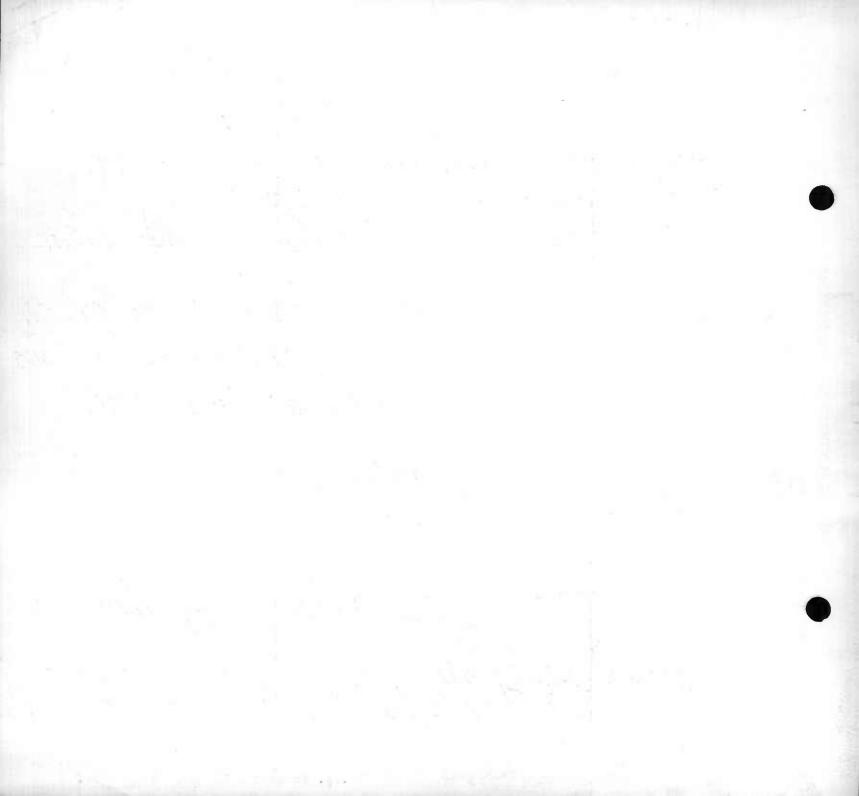
71. 71.80 BALTIMORE CITY HE.	ALTH DEDADTMENT	
(		71 7400
BIRTH NO.	CERTIFICATE OF DEATH REG. N	6.471.611
NAME OF DECEASED  GENEVA CONNER	2. DATE Known Month Doy OF DEATH Estimated	Year Hour M.
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Day PRONOUNCED DEAD July 27, 197	71 Yeor Hour 8:50 P.
1210 Parrish Street	5. USUAL RESIDENCE (Where deceosed lived, if Institute A. STATE Maryland B. COUNT	
Female   7. RACE   8. MARRIED   NEVER MARRIED	C. CITY OR TOWN Baltimore D. INSIDE	YES NO
DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. II Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMBER 1210 Parrish Street	
1/BIRTHPLACE (Stote or Intellige country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	H
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even lifetired)	Donia Rankin	/
6. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no optuninown) (II yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	Addie Merntin 190	ADDRESS WELL S
19. 4/2, 4 1 CAUSE OF DEA		RETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	osclerotic cardiovascular di	sease
(This does not meon the mode of dying, e.g.,  (A)IMMEDIATE ( DUE TO, OR		
heart loilure, osthenio, etc. it meons the disease, lalury or complication which coused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES  (B)  DUE TO, OR  DUE TO, OR	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		no
Z22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH.	In or obout 22C, WHERE DID (II in Boltimore City, give bldg., etc.) INJURY OCCUR?	exact location)
	WHILE ORK	
23.		
	topsy and that on this basis, death in	
resulted from: Natural causes X Accident Suicid	de Homicide Undetermined mann	er []
SIGNATURE ROOTED NO. N.D. M.D. M.D. M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	7/28/71
REMOVAL (Specify)  13/1/ 1/27  13/1/ 1/27	or CREMATORY 24D, LOCATION (City, 1)	own or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



228. PLACE OF INJURY (e.g., in or obout) 22C. WHERE DID (II in Boltimore City, give exact location) home, farm, factory, streel, oilice bidg., etc.) INJURY OCCUR?

Homicide \_\_\_

22F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

24D. LOCATION

Glen Burnie,

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

and that on this basis, death in my opinion

Undetermined manner

20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

(Hour)

22E.INJURY OCCURRED

Inspection

WHILE AT

Accident

258. NAME OF REGISTRAR

WORK

NOT WHILE

Autopsy X

AT WORK

Sulcide

24C. NAME of CEMETERY or CREMATORY

Glen Haven Cemetery

22A. EXTERNAL CAUSE WAS

OF INJURY

ACTUAL

REMOVAL (Specify) Burial

VS 151-REV. 3/1/68

SIGNATURE

NAME (Type) 24A, BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT

(APPROX.)

UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

(Month)

(Doy)

I certify that I held on Inquiry

EXAMINER'S Peter Lipkovic, M.D.

248. DATE

resulted from: Natural causes X

(Year)

21. AUTOPSY? (Yes or No)

DATE SIGNED

(Stote)

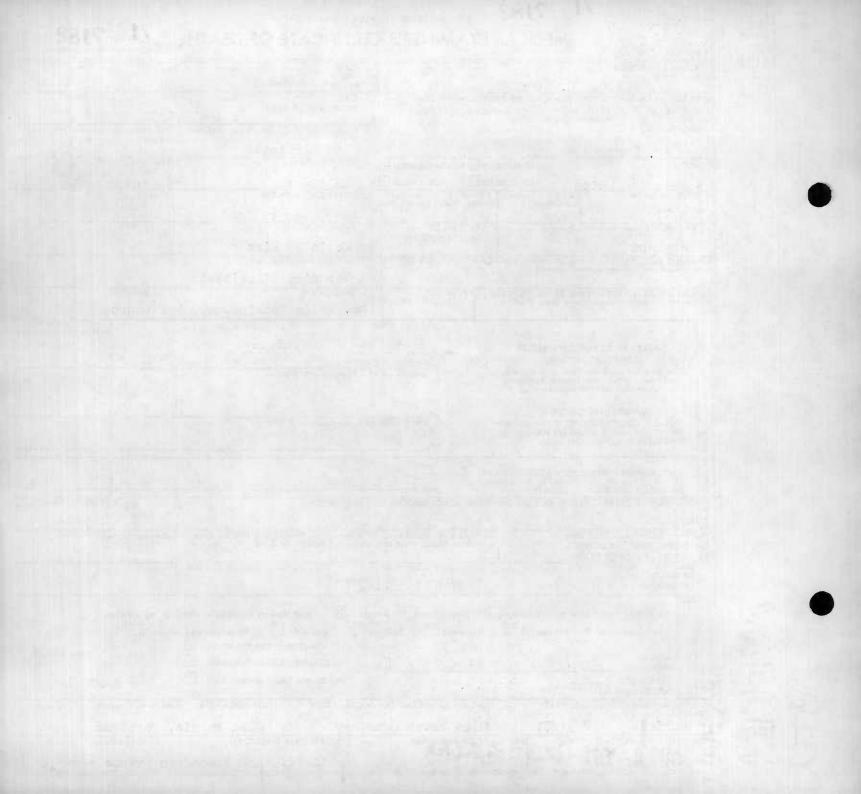
7/30/71

(City, town, or county)

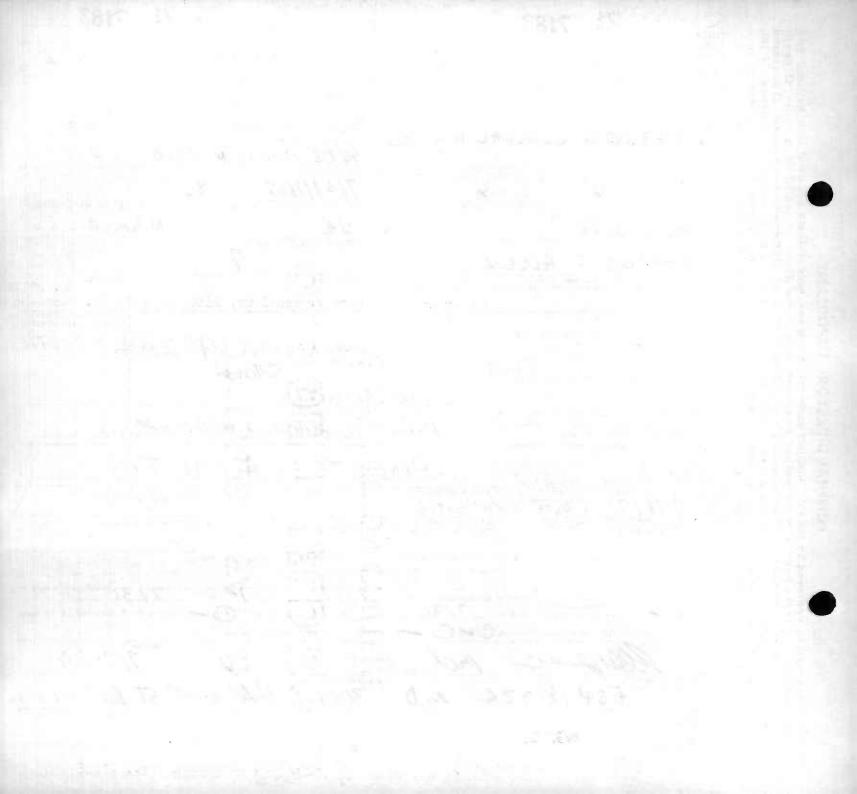
1630 Edmondson Avenue 21228

Maryland

**ADDRESS** 



BALTIMORE CIT	TY HEALTH DEPARTMENT
CERTIFICA	ATE OF DEATH REG. NO. 11 /185
IRTH NO.	2. DATE AND HOUR OF DEATH
Type of Paint CROCKETT HE TILE C	7/31/71 1 3° 4 m
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND Salts
NOITUTION	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO IX
S. BHITIMORE GENERAL HOSPITAL	E. STREET AND NUMBER
	44 OZ NORFEAN ROAD 21227
SEX F 6. RACE 7. MARRIED NEVER MARRIED WIDOWED MIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE Un years If Under 1 Vr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
voc during most of working life, even if refired)	U. MAMERICAN
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES C. ALLEY	7
5. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   16. SOCIAL   SECURITY NO.	17. INFORMANT ADDRESS Md. 211
	D Grace V. Scheleur, 2460 Mountain Rd. Pasaden
18. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH  [This does not mean the mode of dying, e.g., (A) IMMEDIATE C.	AUSE GRAM NEGATIVE SEPTICEMA & SEPTIC
heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF: SHOCK
injury or complication which caused death.)	1112
ANTECEDENT CAUSES (B) CHO	CAN GATT S AS A CONSEQUENCE OF:
The state of the s	2000 0000
UNDERLYING CONDITION last (C) METAK	BOZIC-ACIDOSIS + KESP ALKAZOSIA
	A-0 1:0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	BETES, ATRIAL FNB.
TO THE DEATH BUT NOT RELATED TO THE TERMINAL  (1)  DISEASE OR CONDITION GIVEN IN PART 1 (A).  199A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED
7/18/71 WAS CONTINUED FOR WHICH OPERATION WAS CONTINUED FOR WHICH OPERATION	IN CERTIFYING CAUSES OF DEATH?
)  21A. ACCIDENT WAS UNDERLYING	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bidg, INJURY OCCUR
	215 HOW DID INJURY OCCUR?
While At Not W	hile
Work LD AT Wor	
22. I certify that (1) (this hospital) attended the deceased from	19/10/3/19/1
that (I)(we) last saw the deceased alive on	
and hour and from the causes stated above. (1)(14) (11)	
	Stending Med. Staff Phys. D
23C. PHYSICIAN'S NAME (Type) ISP INOZA MD	3001 S. HANOVER ST BROG MS 2125
AA. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of C	CREMATORY 24D, LOCATION (City, town, or county) (State)
Burial 8/3/71 Western Cemete	Baltimore, Md.
SA. DATE REC'D BY HEALTH DEPT. 256 NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
AUG 2 1971 Robert & Farbon M. A.	Witzke, 1630 Edmondson Ave., 21228
/C 150-PEV 1/1/6R	חווא הייטון גווגנט



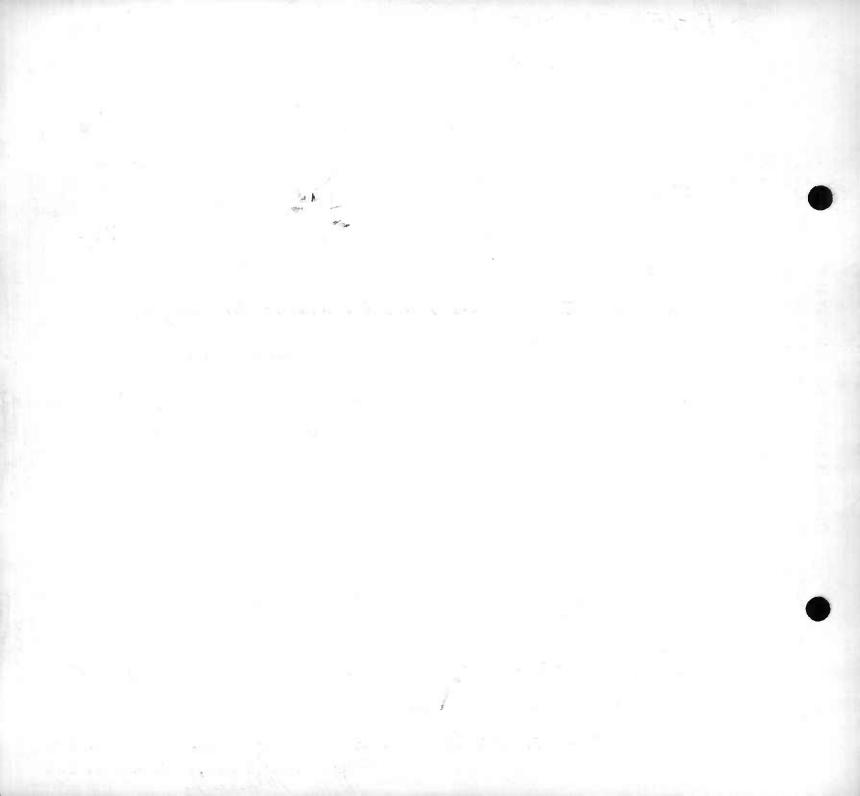
**DIRECTOR:** 

FUNERAL

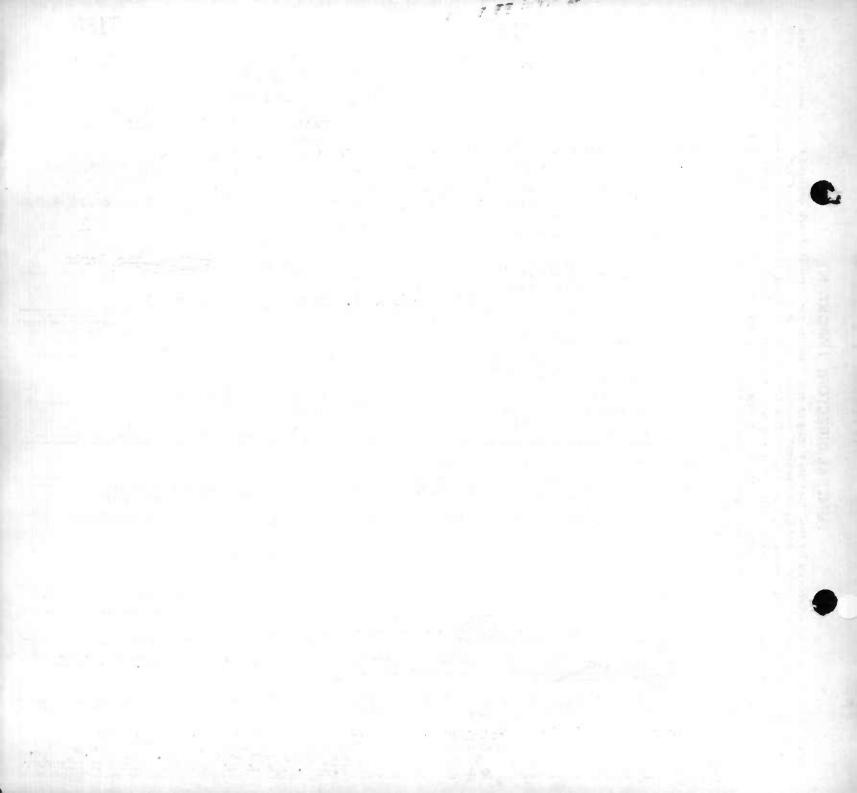
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VS 150-REV, 1/1/68



- 101	1		BALTIMORE CITY	HEALTH DE	PARTMENT		la.	
1-100	171	74.86	CERTIFICA	TE OF	DEATH	REG. 1	NO. 7	7186
BIRTH NO.	/ 1	1100				1		- 4.00
1. NAME OF DEC	EASED		7		2. DATE A	ND HOUR OF	DEATH	- 20
>	epp FI	UMA	B		1 1 -	26-71	1	12 = Pr
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL F	ESIDENCE IWH	ere deceased liv	ed. If institu	ution: residence before admission
FULL NAME OF	OF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Md	CAI	ROL		5600
HOSPITAL OR	ADDRESS OR LOCA	(NOITA		C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?
1			•	wes	TUINST	TER	YI	ES NO .
UNION	Memorial	Hos	PITAL	E. STREET A	IND NUMBER	a ste D	Alas	
S. SEX	6. RACE			& DATE OF		18. AGE (In you	AV.	
	111		NEVER MARRIED	(1-10	00	lost birthdoy	M	f Under 1 Yr. If Under 24 Hrs Nonths Doys Hours Min.
1	IW	WIDOWED		9-11	778	172		
	UPATION (Give kind of work working life, even if refired)	TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	ACE IState or for	eign country!	ր	2. CITIZEN OF WHAT COUNTR
Housewif			-	MAR	LYLAN	D		USA
3. FATHER'S NA				14. MOTHER	S MAIDEN NA	ME		
HADNE	01 1.0	Mbel	DT	100	hhic	- 41	A	Wantz
S Was Decement	Even in U. S. Armed For		Il 6. SOCIAL	17. INFORM	O E) I	16	and the	ADDRESS
Yes, no or unknown	Ill yes, give war or date	s of servicel	SECURITY NO.	THE OWNER				ADDRESS
No			216 09 3660 .	L. E	lton Zep	p Same	as #	4
18.	7.9		CAUSE OF DEAT					APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY						BETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAU	TOA O TO	MERLIN	c sh	ock.	
(This does n	ot mean the mode of	dyling, e.g.,	DUE TO, OR AS	A CONSEQUE	NCE OF:		001	
heart failure,	asihenia, etc. It means plication which caused	the disease,						
	Lar construction					10	7	
	ANTECEDENT CAUSES		140 + ill (8)	INSU	ficience ENCE OF:	4. 42	cuD	
	R CONDITIONS, If		DUE TO, OR AS	A CONSEQU	ENCE OF			
	above cause (A) CONDITION last	staling the	V- A	d150	ciat	MI		
GNDEKLING	CONDITION 108E		(c) 17		~~~~	301.7		
7	II .		<b>t</b> -		1.			
OTHER SIGNIF	CANTICONDITIONS CO.  HI BUT NOT RELATED TO TO	NTRIBUTING	Jowe D	61	blee	ding		
DISEASE OR C	ONDITION GIVEN IN PAR	T I (A).						
19A-DATE OF	OPERATION 198 CON	DITION FOR V	WHICH OPERATION	20A. AUT	OPSYS (Yes or h	IN CERTIFY	WERE FINI	DINGS CONSIDERED
OTHER SIGNIF TO THE DEAT DISEASE OF C		u						
OR CONTRIBU	THE CAUSE OF		PLACE OF INJURY (e.g., i e, farm, factory, street, of	n or obout 210 fice bldg. INJ	URY OCCUR?	(It In	Boltimore C	ity, give exact location)
0	medical examined	etc.						
OP INJURY	(Year)	(Houd 21 &	INJURY OCCURRED		HOW DID IN	JURY OCCUR		
(APPROX)			ile At Work	• 🗆 📗				
		Wo	nc that Al Work			MI	-	2621
	that (1) (this hospital			7-22		_19 71to_	7-	26 19 71
that (I) (we)	Jast sow the decease	d alive an	7-26-71	19	and t	hat In(my) (o	ur) opinio	n death occurred on the do
and hour and	d from the couses stat	ed above. ((	) (We) (did) did not) v	iew the bad	y after death.			
23A SIGNATU							23	B, DATE SIGNED
15-			AM	inding [	Med.	Staff Phys.	T.	uly 26, 1971
23 C. PHYSTER	munin		DEGREE Phy	23D. ADDRES	Director L	Phys.	10	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
NAME (T	ypel		17				4	
JAIR	O RAMI	15 51	DEGREE	UNION	) Men	141101	HORT	9.
24A. BURIAL CRE	MATION, 24B. DATE	24C. N	AME OF CEMETERY OF CRI	MATORY	24D.	LOCATION	(City.	lown, or county) (State)
Burial	7/29/7	7 Wee	tminster Ceme-	tome	Wa	atminata	20 3/	lamr] and
25A. DATE REC'D	11 -//		OF REGISTRAR		ERAL DIRECTO	stminste		Main Appress Md.
ALIC A		-	9 1 6 0		170000000	our Juc	254 E.	THE PARTY OF THE P
4062 1	VAR BE	Jalle 1	Marie Control	Thoma	s D. Wile	tcher Fu	neral	Home Westminster
V\$ 150-REV. 1/17	88	0						



S-530		HEALTH DEPARTMENT		71 9487
BIRTH NO. 71 718/	CERTIFICA	TE OF DEATH	REG. NO	1,T \10,
1.NAME OF DECEASED	6 N.	2. DATE AN	D HOUR OF DEATH	
MIL' JOHU F'	Smith		1/28/71	1 6:470.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. It in	stitution: residence belore admission)
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Manyland	D INSI	DE CITY LIMITS?
Bon Secours Hospi	71 0	Baltimo		YES NO
DON SECONS 1.00 P.	ac	E. STREET AND NUMBER		
		1302 We	Idon ('in	ile.
5. SEX 6. RACE 7. MARK	NEVER MARRIED		9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.
Male White WIDOW		10-27-99	A Misse	Months Days Hours Min.
10A. USUAL OCCUPATION [Give kind of work 108, KIN1 done during most of working life, even if relired]	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of loro	ign country)	12. CITIZEN OF WHAT COUNTRY?
Annual West W. Letteral		Manilan	1	115
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	MF	1 4.5,
F. John Smith		0. 1		
15. Was Decoased Ever in U. S. Armod Forces?	1 6. SOCIAL	Carter	-Annie	
(Yes, no or unknown) (If yes, give war or dates of sorvi	SECURITY NO.	17. INFORMANT		ADDRESS
CHIKARANA	214-03-0731	J.F.Smith Jr	114 Cari	roll Rd.
18. / 6 2 / 1	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0 0		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAUS	E Bronchogo	m. a - cA	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	***************	***************************************
injury or camplication which caused death.		,		
ANTECEDENT CAUSES	(B)	CHF		
DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS	CONSEQUENCE OF:		***********
rise to the abave couse (A) stating UNDERLYING CONDITION last,	(c)			
	(-/			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN	AL			
19A-DATE OF OPERATION 198 CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
E - 1		No	IN CERIFFING CAU	SES OF DEATH?
I TOK CONTRIBUTING I CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, factory, street, affi	or about 21C. WHERE DID	(II In Baltimare	City, give exact location)
DEATH Inotify medical examined	etcJ			
	21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
(APPROX.)	While At Not While Work At Work			
22. I consider that (1) (able handles) are to		7. 6. 70	. 9 /	
22. I certify that (1) (this hospital) attende that (1) (we) last saw the deceased alive o		1 241	9 <del>/</del> ta 28	an death accurred on the date
and haur and from the causes stated above		ond the	in (my) (our) abini	an aeath accurred an the date
23A. SIGNATIER		w the bady after death.		
Imag Me Longe	Attend	ding Med. —	T-1-1	238, DATE SIGNED
23C.PHYSICIAN'S	no DEGREE Phys.		Shaff Phys.	of July X1.
23C.PHYSICIAN'S PIMPA META	ROVARAT NO 23	D. ADDRESS	1 t. 1 R	all mod
	GEGREE	Bon Lecous H	while of	47- 1114
KEMO VAL (Specify)	NAME OF CEMETERY OF CREA		CATION (City,	lawn, or county) (Stote)
Burial 8/2/71 L	orraine Park (	Cemetery   Ba	lto.,	Md.
	E OF REGISTRAR	25C. FUNERAL DIRECTOR	-	ADDRESS
AUG 2 1971 Paber E. Jarbe	y Ka B D	Donovan Fune	eral Home-	3818 Roland Ave.
VS 150-REV. 1/1/68				

Called hosp. Zip is 11 has to be Weldon Ave.

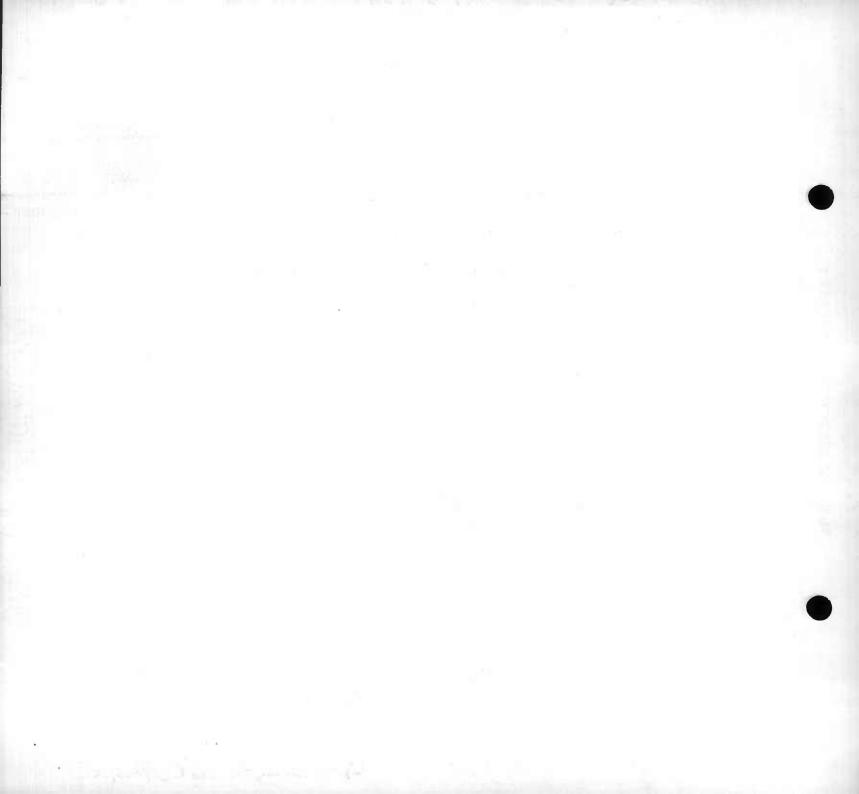
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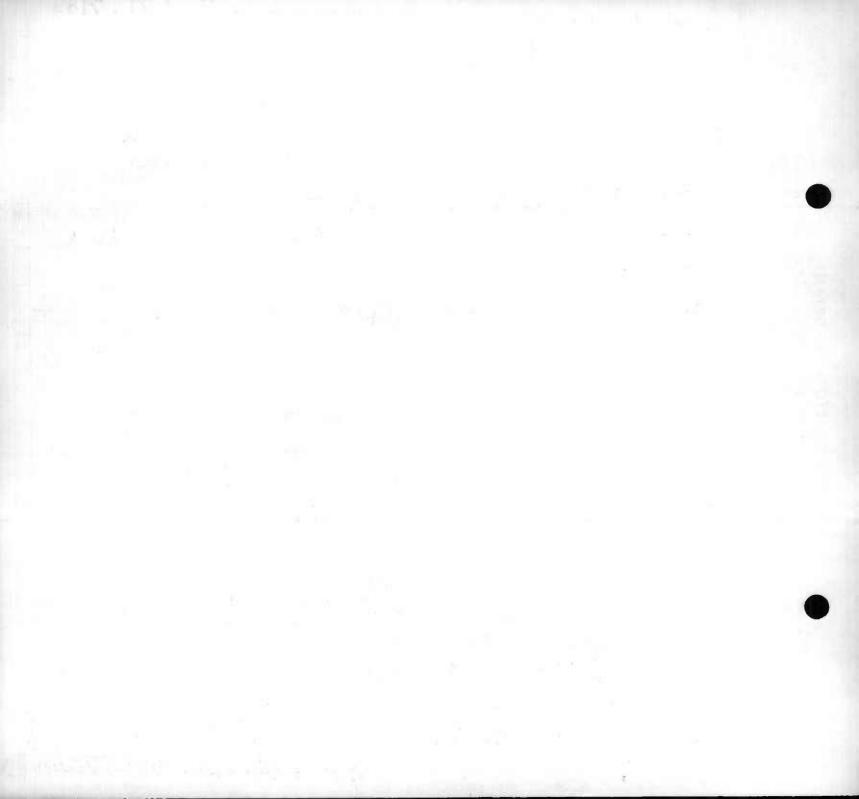
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,

<	7 /20		BALTIMORE CITY	HEALTH DEPARTMENT	p=q /	
4	> -632	194 QR	CERTIFICA	TE OF DEATH	REG. NO.	1 7188
	NAME OF DECEASED	1100	GERTITICA.		- and the second	
	PO OF Print HARRY	1 COLLDA	TCHE Schra		NO HOUR OF DEATH	2 244
3,	PLACE IN BALTIMORE, MA				re deceased lived. Il ins	titution: residence before admission
H	JLL NAME OF (IF NOT OSPITAL OR ADDRES	(N HOSPITAL OR INSTIT	TUTION, GIVE STREET		ALTIMORE "	DE CITY 1307
7	NORTH CHAN	rues Genera	ear HOSP	E. STREET AND NUMBER	7	YES NO
_				136 54 Kes W	ick Rd.	
5.	MALE 6. RACE	7. MARRIED		8. DATE OF SIRTH	9. AGE (In years lost birthday)	II Under 1 Yi. If Under 24 His. Months: Doys Hours Min.
10/	LUSUAL OCCUPATION (GIVE	MIDOMED		7	65	
dor	e during most of working life, ev	en if retired)	BOSINESS OK INDUSTRY	11. BIRTHPLACE (Stole or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
L	Carpenter	Union	Carpenter	MARYLAND		Cl.S. A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME	
	OTTO	SCH 12ATCHE	Schratke	NANCY TO	XVI DD	
15. (Ye	Was Deceased Ever in U. S. s, no or unknown! (II yes, give		16. SOCIAL	17. INFORMANT	17001	ADDRESS
	No	wor or doles of services	SECURITY NO.	Mrs.Mildred	Schratke-6	813 Bellona Ave
	18. 4. 4 / XI		CAUSE OF DEATH		30111 00110 0	APPROXIMATE INTERVAL
	DISEASE OR CONE	DITION DIRECTLY		.0	. /	BETWEEN ONSET AND DEATH
	LEADING TO	O DEATH	(A)IMMEDIATE CAUS	SE Premou	un left l	rue Mant
	(This does not meon the heart foilure, osthenio, etc	mode of dying, e.g.,	\	CONSEQUENCE OF:	1 4	Jucay
	injury or complication whi	ch coused deoth.)		1 . M	1 +	
	ANTECEDEN	T CAUSES		humic Brone	hilis & Eu	diana 41111
	DISEASES OR CONDITI	ONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		gargene jours
	rise to the obove of UNDERLYING CONDITIO	ouse (A) stoling the	(c)			
	11		(0/			***************************************
ATION	OTHER SIGNIFICANT CONDITO THE DEATH BUT NOT REDISEASE OR CONDITION GIVE	LATED TO THE TERMINAL	100000 00000000 00 000 00000			11()
CERTIFICATION	19A. DATE OF OPERATION	198 CONDITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
	21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exam	SE OF hom	PLACE OF INJURY (e.g., in e, form, (octory, street, offi	or obout 21 C. WHERE DID	(If In Boltimore	City, give exect location)
MEDICAL	21D-TIME (Month) (DO OF (NJURY (APPROX.)		INJURY OCCURRED  Real Not White At Work	21F. HOW DID (NJ	JRY OCCUR?	
	22. I certify that (I) (this			holy 2	1 A	1. 12/ 2
	that (I) (we) last saw the			19.71 and the	97 ta h	an death accurred an the date
	and have and from the co	iuses stated above. (I	) (We) (did) (dld nat) vi			an area and an area and area
	234 SIGNATURE		10	7	12	3B. DATE SIGNED
	hufrer 6	· Monteu	egy My Atten		Staff Phys.	7/28/21
	23C. PHYSICIAN'S NAME (Type)		DEGREE	D. ADDRESS		7 - 0 / 1
	RUFINO	G. MON.	TENEGIZO U.D.	1724 VORTH	CHARLES, B.	ALTIMORE
24A	BURIAL CREMATION, 248.		ME of CEMETERY OF CREA		CATION (City,	town, or county! (Stotel
	Burial 7	7/31/71 Lo	rraine Park	Cemetery   Ba	alto.,	Md.
25A	DATE REC'D-BY HEALTH	DEPT. 258. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR		٨
1	JG 2 1971 P	Bell E Fallen	ka Oo	Ancovan A	Funcial 2	Roland Ave.
10	CO DEST 3/1//A					

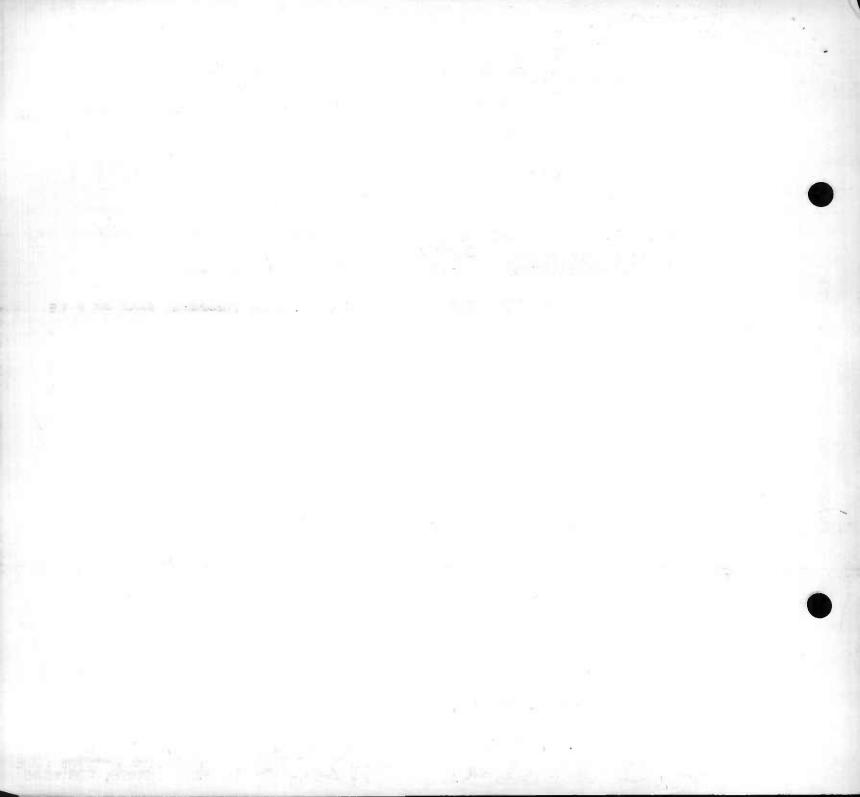


P 20-)	BALTIMORE CITY	HEALTH DEPARTMENT	71 7189
BIRTH NO. 71 718	CERTIFICA	TE OF DEATH REG. NO	
1. NAME OF DECEASED	)	2. DATE AND HOUR OF DEAT	H
(Type or Print) VICTOR /	ASS	7/29/7	1 7.200
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	MARYLAND	2730
HOSPITAL OR ADDRESS OR LOCATION)	The street of the street	C. CITY OR TOWN D. IN	ISIDE CITY LIMITS?
SINAI		BALTIMORE.	YES NO
HOSPITAL OF BALTIM	ORE INC.	E. STREET AND NUMBER	
			ROAD
MALE. WHITE. WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  6 19 0 3.  9. AGE (In years lost birthday)	H Under 1 Yr. II Under 24 Hrs. Months; Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stota at foreign country)	12. CITIZEN OF WHAT COUNTRY
PHAR.		MD	1150
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	W 2 00
HARRY		()	
S. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	Appare
(Yes, no or unknown) (If yes, give wor or doles at serv	icel SECURITY NO.		ADDRESS
18. / 2	1714-34-790	MRS FLORENCE PAS	5 Same
7-061/	CAUSE OF DEAT	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		6111	+ 21/
This does not mean the made of dying,	e.g., (A) IMMEDIATE CAU	SE C. V. A. A CONSEQUENCE OF:	-d4ks.
healt lailule, asthenia, atc. 1) means the disc injury or camplication which coused dooth.	ose,	CONSEQUENCE OF:	
ANTECEDENT CAUSES		100	
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************
rise to the above cause (A) stating	lhe		
UNDERLYING CONDITION lost.	(C)	***************************************	*******************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NC		
TO THE DEATH BUT NOT RELATED TO THE TERMI	YAL CARDIE	D VASCULAR [ ) ISEA	SE
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED UNDERSTORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE	FINDINGS CONSIDERED
WAS PERFORMED		IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in home, farm, factory, steet, of etc.)	or obout 21C. WHERE DID (If In Boltimo	re City, give exact location)
21D.TIME (Month) (Doyl (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
E (APPROX.)	While At Not While		
22 1	Work L At Work		
22. I certify that (1) (this hospital) attend	ed the deceased from	7/ 28 19 7/. to	7/27 19 7/
that (N) (we) last saw the deceased alive	/ /		In)an death accurred on the date
and hour and from the causes stated abov	e. (1) (We) (did) (did not) vi	ew the bady after death.	
1 Server	A/A Atter	dia - Alad	23B DATE SIGNED
, , , , ,	77U. DEGREE Phys.	Director Phys.	1/27/71
23C.PHYSICIAN'S NAME IType)	2	3D. ADDRESS	BALTIMORE.
BORIS KER	ZNER MDDEGREE	5 957 WESTERN. MA	ARK URIVE NO.
24A. BURIAL CREMATION, 24B. DATE 24	0 11 0		ity, town, or county) (Stote)
Bureal 1/31/11	Bella Heb	rew Reeslersk	my non
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	250 FUNERAL DIRECTOR	CILLOP ADDRESS T
AUG 2 TOT WELLE E JELE	et, ALD, O )	Jakran Jones 9xx	4010 Levolerstoring
/S 150-REV. 1/1/68			



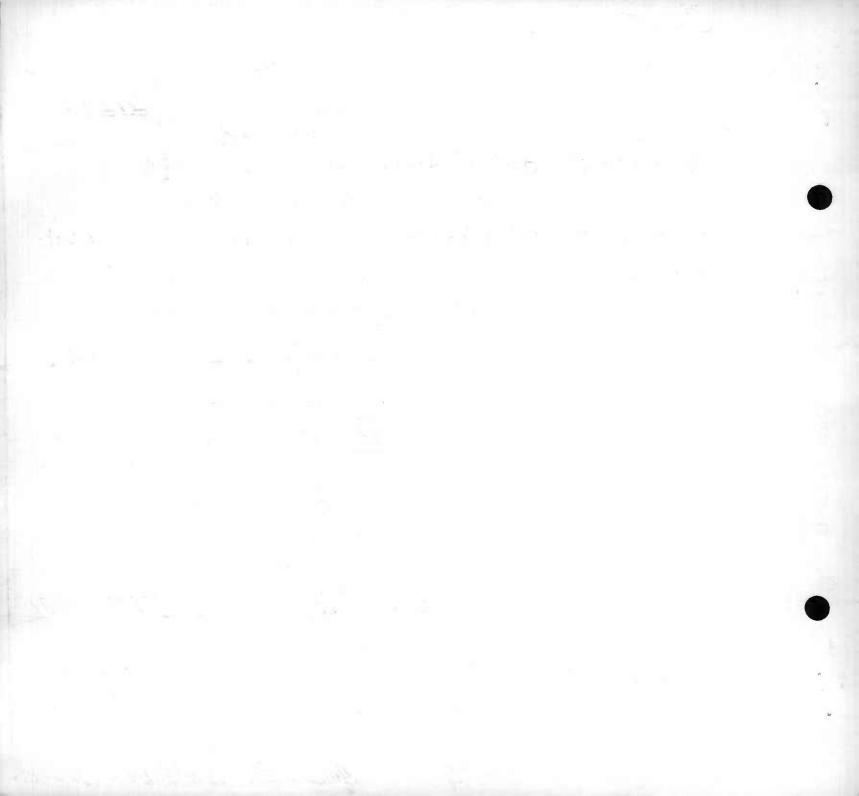
a hospital and

BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. 71 7190 CERTIFICATE OF DEATH REG. NO.	14 7490
1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH	0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND. ANNE	ARUNDEL ARUNDEL
Good Samapitan Hospital Millersville	YES NO P
Box 174 Millersville	21108
MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or force)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE DWN HOME Covincton, Kentucky	USA.
13. FATHER'S NAME  WAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	ADDRESS
NO  ////////   213 64 2086 RICKEY D. SAIA (husband)	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUSE CAD'AC TAILURE	4 MO
hearl loiture, asthenia, etc. It means the disease, injury ar complication which caused death.)  DUE TO, OR AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (8) CARIDIONEYOPATHY ? POST PARTUM	Ymo
DISEASES OR CONDITIONS, if any, giving nise to the abave cause (A) stating the	******************************
UNDERLYING CONDITION last. (C).	
NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL VERY DISEASE OR CONDITION GIVEN IN PART 1 (AL.	
U 19A DATE OF OPERATION 198 CONDITION FOR MINISTER OF THE PROPERTY OF THE PROP	IDINGS CONSIDERED
WAS PERFORMED  198. CONDITION FOR WHICH OPERATION  198. CONDITION	ES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg. INJURY OCCUR?	City, give exoci location)
OF INJURY  (APPROX.)  (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED  While At Not While C	
Work At Work	1
22. I certify that (I) (this hospital) attended the deceased from 4/8 19 7/ to that (I) (we) last saw the deceased alive an 7/28 19 7/ and that in (my) (our) cointer	7/28 19 7/
and haur and fram the causes stated abave. (I) (We) (dld) (dld not) view the body ofter deoth.	on death occurred on the date
Metal A Merson DEGREE Phys. Director Phys. 23	B DATE SIGNED
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
Michael H. Merson, M.D. The Good Samaritan Hosp  24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City,	oital town, or county) (Stole)
BURIAL AUG. 2,1971 GLEN HAVEN MEMORIAL PARH GLEN BURNIE	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 250 HINEXAL DIRECTOR SINGLE	TON FORENAL HOME
VS 150-REV. 1/1/68	URNIE, MARYLAND



FUNERAL DIRECTOR:

IL.	1, , , -	BALTIMORE CITY	HEALTH DEPARTMENT		
BI	71 194 Q1	CERTIFICA	TE OF DEATH	REG. NO.	71 7101
1.	NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	17 1/197
1	ype or Print) SUSAN CARSON		7/2	6/21	10-10 pm
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	NCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If inst	itution: residence before admission)
FI	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT	TON, GIVE STREET	MD.	3ALTR	21227
lik	ISTITUTION ADDRESS OF ECCATION		C. CITY OR TOWN		E CITY LIMITS?
1-	BOLTON HILL NURS	ing Home	E. STREET AND NUMBER	RE	YES NO
	1400 John St. Balt.)	nd. 21217		YORK AU	2
ريا	1 1.1.77	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work) 108, KIND OF		2/9/93	7/2015	
do	ne during most of working life, even it refired)	ta a	II. BIRIMPLACE (Slote or lores	gn country!	12. CITIZEN OF WHAT COUNTRY
13	salesledy, ocrubbus y cars for Na	ilvad	Maryla	ugh	U.SA.
'	C I A		14. MOTHER'S MAIDEN NA	ME .	
16	Holdison Hidrew		Char lotte	J. JOLNSO	2
(Ye	Wos Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
L		15-24-7117	Admission	Necore	(
	18. 4. 11	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Bul		240
1	(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF	urma	TEM
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
	ANTECEDENT CAUSES	(e) arto	inlender c	V desen	Men
	DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the obave couse (A) stoling the UNDERLYING CONDITION tast.	(c)	la fenn	lexi	1968
_	11	/			
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
4	DISEASE OR CONDITION GIVEN IN PART 1 (A).	IICH OPERATION	120 A 411 Days (V N.	000 10 100	********
ERTIFIC	WAS PERFORMED	ITCH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUS	ES OF DEATH?
2	21A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Bolttmore (	City, give exoct location)
A	DEATH (notify medical examiner) home, etc.)	form, foctory, street, of	ice bidg. INJURY OCCUR?		
EDIC	21D-TIME )Month) (Doyl )Yeor) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
٤	(APPROX.) While Work	At Not While	'П /		/
	22. I certify that (1) (this hospital) attended the		6/24	968 to	1/16 10 21
	that (i) (we) lost saw the deceased alive on	7/26	/ '7) .!		on death occurred on the date
	and hour and from the causes stated above. (1) (	We) (did) (did not) vi		in (my) (out) opinio	on death occurred on the date
	23A. SIGNATURE	, (, (	ow the body after decima	12:	3B, DATE SIGNED
	a IN of	Dh.m		Staff Phys.	7/2/21
	23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	ritys. —	1/2/1/
	ALLAN H. MA	TE HT MD	2 6 Red	A BA	my 212 m
24/	BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	E of CEMETERY OF CRE		CATION (City,	town, or county) (Stote)
1		LEN HOUSE (	Emerteny 6	PEN BURNIE	nel.
25/	DATE REC'D BY HEALTH DEPT. / 258, NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	100 100001016	ADDRESS
L	AUG S TO VOSOSIE C. PORTO	MD.	AMBROSE IN	c. 1348 Ja	John, Tarngkel.
VS	150-REV. 1/1/6B				



FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

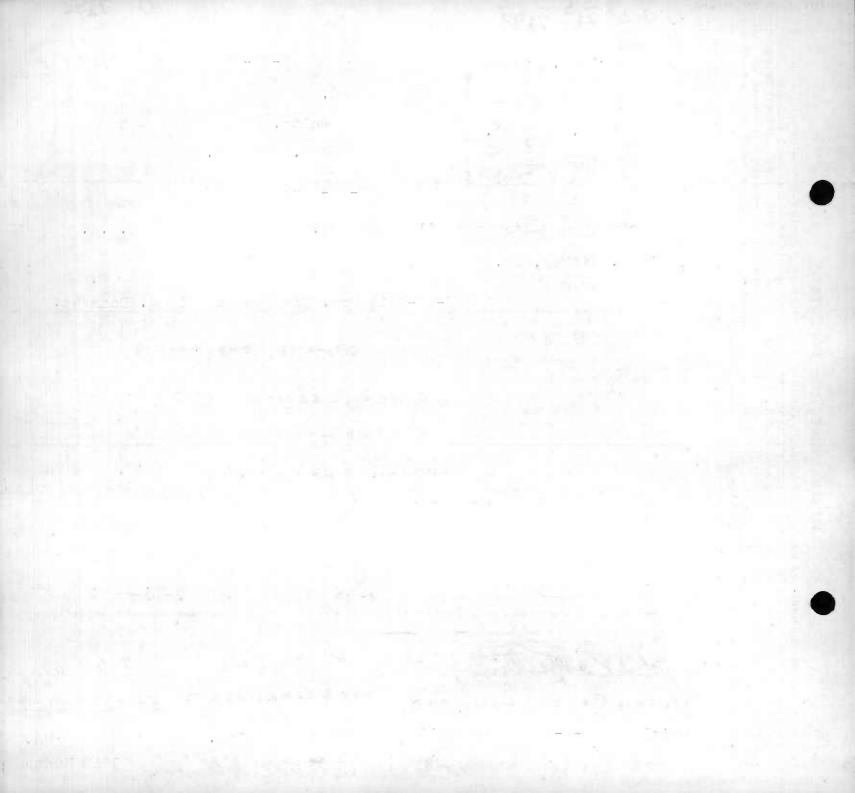
BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

APPROXIMATE INTERVAL

If Under 24 His.



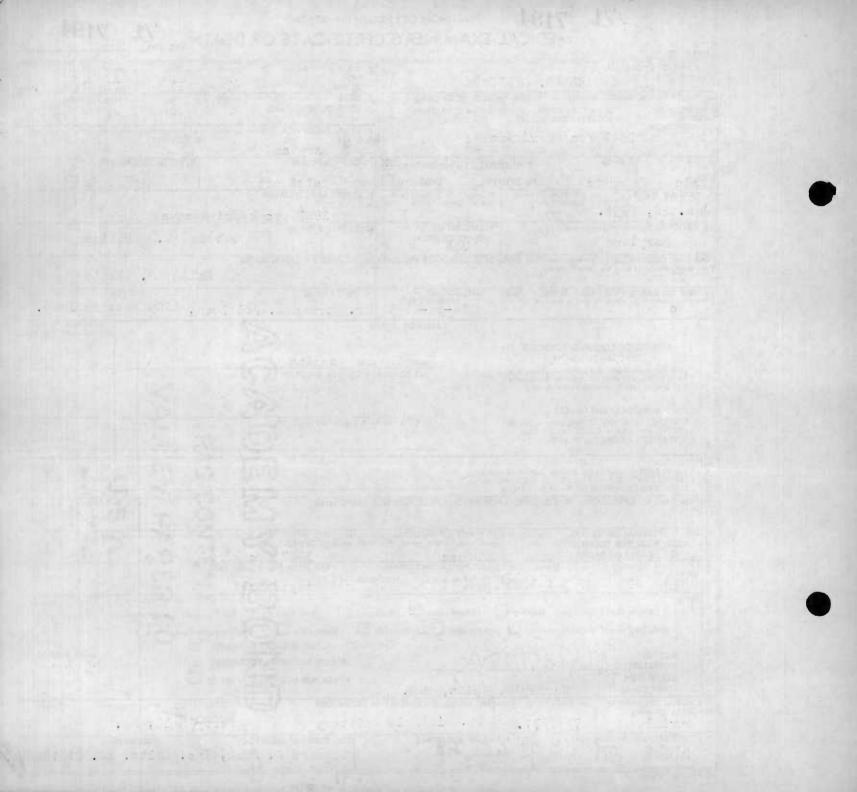
FUNERAL DIRECTOR: IMPORTANT

	4-500 71	93 BALTIMORE CITY	HEALTH DEPARTMENT .	4	
В	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	774 93
1.	NAME OF DECEASED	D// 2 in	2. DATE AN	ID HOUR OF DEATH	7130
3	PLACE IN BALTIMORE, MARYLAND, WHERE P	PONGUNCED DEAD	14 USUAL RESIDENCE (WS	128/11	ntion: residence before admission)
E	ULL NAME OF (IF NOT IN HOSPITAL OR		A STATE B. COUN	Classed in institu	office: lesidence before odmission)
i ii	OSPITAL OR ADDRESS OR LOCATION)	NURSING	C.CHY OR TOWN		CITY LIMITS?
7 V	HARBOR FIELD		E. STREET AND NUMBER	- YE	NO P
5.	CEN L'ANDE		DALTO COU		BRYLAND.
	F WIDO	WED DIVORCED	41-3/1904	9. AGE (In years If	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	2. CITIZEN OF WHAT COUNTRY
13	DONTAL ASSISTANT		Huntingo	Ion PA	U.S.A.
	Tobace Tasanti Da	-1+ 011	14. MOTHER'S MAIDEN NAM	ME /	
15. (Y	. Wos Deceosed Ever in U. M. Armed Foices? es,no or unknown) (If yes, give wor or dotes of ser	16. SOCIAL vice) SECURITY NO.	17. INFORMANT	WARTIE	ADDRESS
	No	176-10-90	867	Charet	
il	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pneumon			li deve
	(This does not mean the made of dying, heart lailure, asthenia, etc. It means the dis	e.g., eose, DUE TO, OR AS A	A CONSEQUENCE OF:	************	4 days
	injury or camplication which caused death.)  ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, il any, g	(B) Urganic	Brain Syndrome A CONSEQUENCE OF: Adve		Years
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (c) with Le	ft Bundle Branel	h Block	Years
1	11	Osteono	rosis of Thorac		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).		tebral Collapse	re shine with	Years
CERTIFIC	19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
11	On CONTRACTOR CO	21 B. PLACE OF INJURY to.g., in home, form, foctory, street, offi	or about 21 C. WHERE DID	(II In Boltimore Cit	y, give exoci location)
ICAL	DEATH (nonly medical examine)	etc.)	INTERIOR OCCUR:		
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED  White At Not While	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that 🐒 (this hospital) attend	Work At Work	wember 18	-60 to 200	12 63
	that 10 (we) lost sow the deceased olive		(2)	t in OSO (our) coinion	deoth accurred on the date
	and hour and from the causes stated above	re. 10 (We) (did) (20001) vi		, , , , , , , , , , , , , , , , , , ,	decones on the date
	23A, SIGNATURE	Aften	diam of the diam o		DATE SIGNED
11		Di-	ding Med. Director	Staff Phys. 2	fully 28, 1971
	23C. PHYSICIANS	DEGREE	3D. ADDRESS		
	23C. PHYSICIANS, NAME (Type)	23		iew Convalesc	
24/	Peter H. Rheinstein, A. BURIAL CREMATION, 248, DATE	DEGREE	Harbor V 1213 Lie	cht St., Balti	more, Md. 21230
	Peter H. Rheinstein, R. Burial CREMATION, 248, DATE 24 REMOVAL (Specily) Burial 7/30/71.	1.D. DEGREE	Harbor V 1213 Lie MATORY 240. LO	cht St., Balti	more, Md. 21230 wn, or county) (Stote)
	Peter H. Rheinstein, 1 A. BURIAL CREMATION, 248, DATE REMOVAL (Specily)	DEGREE C. NAME OF CEMETERY OF CREA	Harbor V 1213 Lig MATORY 24D. LO Y H 25C. FUNERAL DIRECTOR	cation (City, to	more, Md. 21230 wn, or county) (Stote)  ADDRESS

ar ma

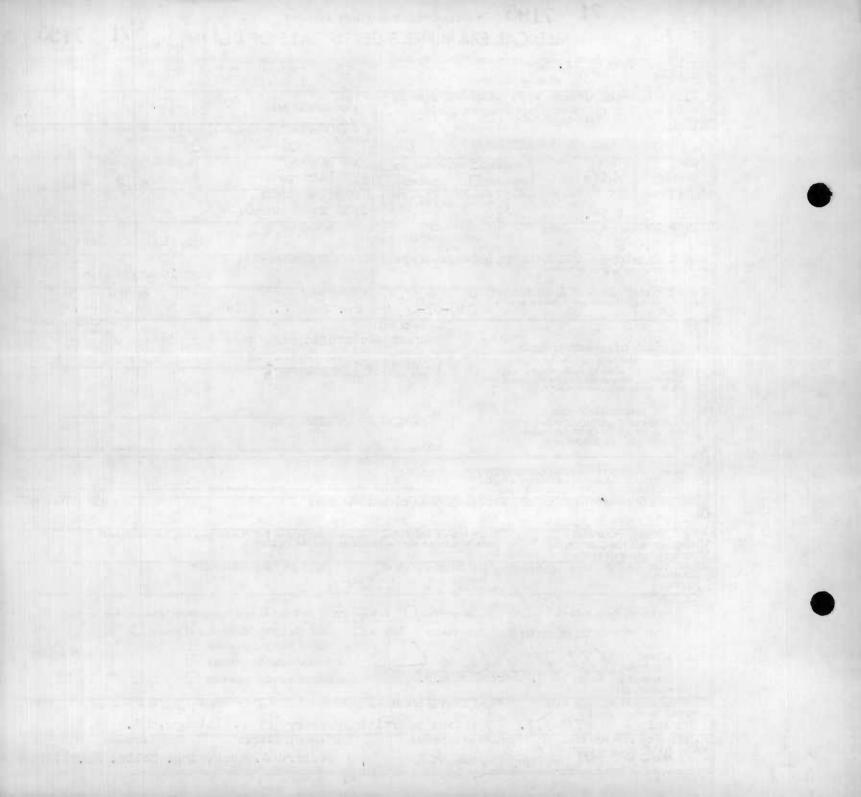
VS 151-REV. 1/1/68

(	7-425	71	719 MED		BALTIMORE CITY HIEXAMINER'S			OF DE	ATH R	71 EG. NO.	. "7	194	
	NAME OF DEC	FASED				Us pare		All .					
	pe or Print)		SELL D.	COLLT	SOM	2. DATE OF	Known			Doy	Year	Hour	
4	PLACE IN BAL				NOUNCED DEAD	DEATH	Estimote			27	71	1:05	Р. м
	L NAME OF					3. DATE	UNCED DEA	Mor AD	nth	Doy	Yeor	Hour	
HC	SPITAL	ADDI	ESS OR LOCA	TION)	JTION, GIVE STREET			7		27	71	1:05	P. N
	00	3907	Frankfo	rd Ave	nue	A. STATE	esidence Marylan			Institution: OUNTY	residence b	7 3	ission)
6.	SEX	7. RACE		B. MARRIEI	NEVER MARRIED				D. I	NSIDE CIT	Y LIMITS?		
N	fale	Whit	0	WIDOWE	_		Baltimo	10		VEC	$\mathbf{x}$		
	DATE OF BIRTH		10.AGE (in	yeors If	Under I Yr. II Under 24 Hrs.	E. STREET	AND NUMB			TES	الما	ио 📙	
J	an. 20,	1951.	lost birthdoy	() M	onths Doys Hours Min.		2007 =	1.6					
	BIRTHPLACE (S		ion sountry)	112	CITIZEN OF	13. FATHER	3907 Fr	anktor	d Aver	nue			
	Mary	_		'	WHAT COUNTRY?	IS. PATRIER	2 MVWE	Ne	orman	L. C	Collis	on	
146			alatical at most le	48 Kth 15 G	USA								
don	e during most of w	orking life, e	ven il retired)	AB. KIND C	F BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN	NAME					
	Clerk								Hele	n H.	Hatt	on	
16. (Ye	WAS DECEASE	D EVER IN	U.S. ARMED	FORCES?	17. SOCIAL	18. INFOR	TNAN				DRESS		
	No	( ) co) g. r c			218-56-2153	Mr. No	rman L	. Coll:	ison,	6209 I	Caster	n Pkw	y.
	19.	2	X		CAUSE OF DEA	ATH						PROXIMATE I	
NO	(This does no heart loilure, Injury or com	ITECEDENT OR CONDIT ABOVE CA	e mode of dyl c. It meons the lch coused deo T CAUSES IONS, IF ANY, AUSE (A) STAT IION LAST.	th.)	(B)	AS A CONSEC	UENCE OF:						
CERTIFICATION	TO THE DEA	TH BUT NO	II NDITIONS CO TRELATED TO GIVEN IN PA	THE TERMINA	G AL								
ERT					R WHICH OPERATION W	AS PERFORM	ED				21. AUTOF	SY2 (Yes	or No)
											- 11		
EDIC	UNDERLYING UTING CAL	ISE OF DE	ITRIB-	22E hor	PLACE OF INJURY(e.g., ne, form, foctory, street, office HOUSE	in or obout 2 te bidg., etc.)		DID (II in Bo UR? Frankf				No 7	+
2	OF INJURY	Month) (	Doy) (Yeor)		22E INITION OCCUPRED	2	2F. HOW DI	YAULNI D	OCCUR?				
	(APPROX.)	7	27 71	1:05 Pm.	WHILE AT WORK NOT	WHILE WORK	Hanged	self					
	23.			710,	AL V	TORK EL	nanged	DCII					
	I certi	fy that I l	reld on In	quiry 🗌	Inspection X Au	top sy	and that	on this ba	sis, deat	h in my o	pinion		
	resulte	ed from; 1	latural caus	es 🗌	Accident Suicio	de 🛭 Ho	micide 🗌		ermined n	-			
		11//	110 . 11	1	De De	eputy o	HIEF MEDIC						
	ACTUAL	n= 111	VX Miles	1/17	(NO	ACCI	TANT MEDI				1	DATE SIG	NED
	SIGNATU	0 0	V YV-V	1	M.E						Tilie.	7-27-	71
	NAME (Ty		Wern	er II.	Spitz, M.D.	ASSO	CIATE MEDI	CALEXAMIN	AFK []				
24/	BURIAL CREM	ATION.	24B. DATE		4C. NAME of CEMETERY	or CREMATO	RY	24D. LOCAT	ION (	City, town, o	or county)	(Sto	(a)
RE	MOVAL (Specify Burial	1)	7/31/7		St. Michaels							(310	.01
25.0		N HEATT.							erry H				
257	AUG 2	1971	Robert		E OF REGISTRAR		nard J		, Inc.		o. Md.	2121	4



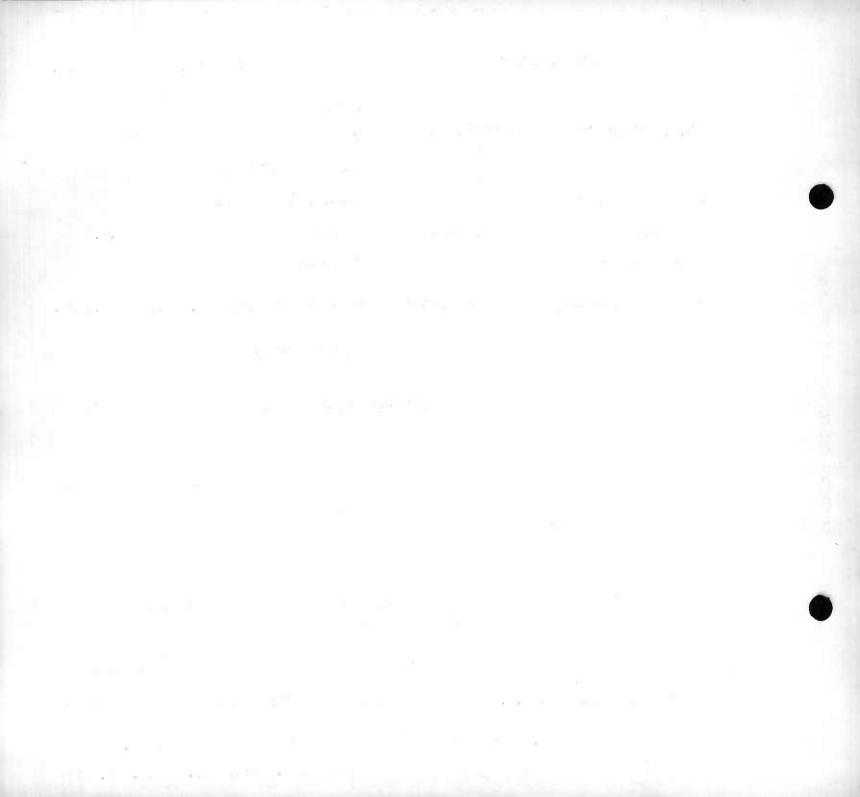
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Ronald N. Kornblum, M.D. 7/28/71 EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Gardens of Faith Cemetery 7/31/71. Baltimore, Md. Burial 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS AUG 2 Leonard J. Ruck, Inc. Balto. Md. 21214 VS 151-REV. 3/1/68

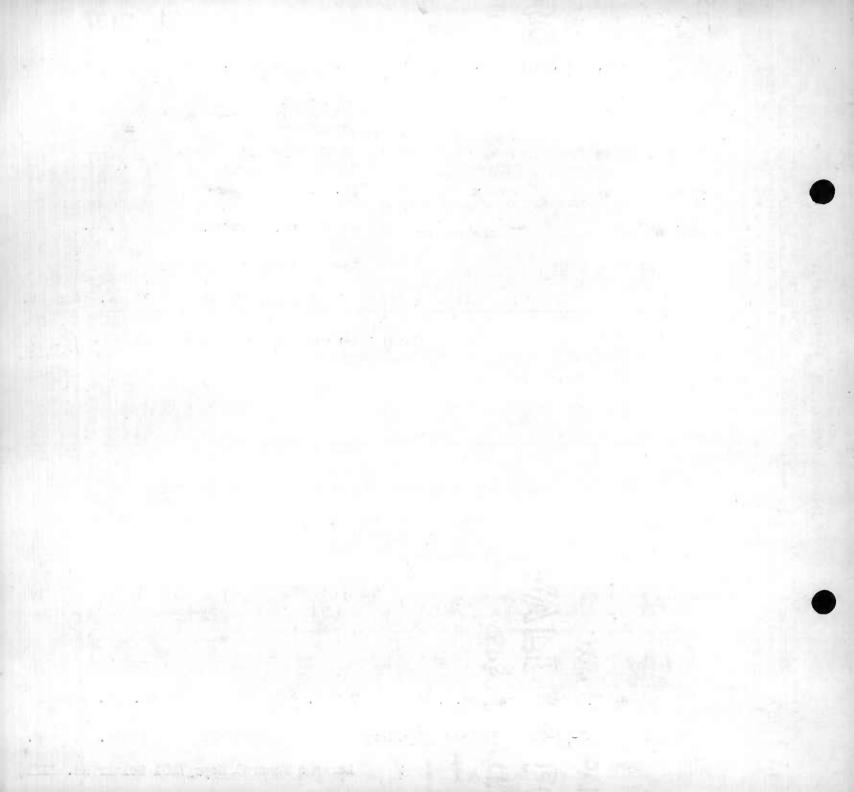


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance of the deceased prior to death. Such written approval must be obtained before the remains are embanded or final disposition; is made to death.

1.0	001		BALTIMORE CITY	HEALTH DEPARTMENT		4. 4
BIRTH NO.	71 7	196	CERTIFICA	TE OF DEATH	REG. NO	71 7196
1. NAME OF (Type or Print)	John C.	Lewis		2. DATE A	July 27, 1	971 1 P.M
3. PLACE IN	BALTIMORE MARYLAND, V	HERE PRONO	UN CED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution: residence before admission)
FULL NAME	OF (IF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Maryland		2739
NOTTUTION	Public Health			C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
YC	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	001 1100	3 1100p2 00L	Baltimore E. STREET AND NUMBER		YES NO
				1429 Stonewo	od Road	
Male	White	WIDOWED		8. DATE OF BIRTH	9. AGE (In yours lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most Milita	or working life, even if refired)	108, KIND O	F BUSINESS OR INDUSTRY Military	11. BirthPLACE (State or fore Maryland	ign country)	12. CITIZEN OF WHAT COUNTRY
John (	C. Lewis			14. MOTHER'S MAIDEN NA Elizabeth O		
5. Wes Deceas	sed Ever in U. S. Armed For own) (If yes, give wor or dote	ces?	16. SOCIAL	17. INFORMANT		ADDRESS
YES	1943-19-64	- or salatest	219 185949	Records 3100	Wyman Pk. Dr.	., Balto., Md.
18.	03 X I		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISE	EASE OR CONDITION DI	RECTLY		Wideanned m	otostatia	BETWEEN ONSET AND DEATH
(This does	nat meen the mode of	dving, e.g.,	(A) IMMEDIATE CAU		Ianoma 110	6 month
neon tailu	re, osthenio, etc. It means complication which caused	the disease.	DUE 10, OR AS	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES		Dead	7		10 months
DISEASES	OR CONDITIONS, II	ony, giving	(B) Primar	y malignant mel	anoma	10 months
rise lo	the above cause (A) NG CONDITION last	sloling the				
	11		(c)			
TO THE DE	NIFICANT CONDITIONS COL ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	E TERMINAL	**********************			
19A-DATE	OF OPERATION 198. CON WAS PERF	ORMED	WHICH OPERATION	Yes	208. IF YES, WERE FI IN CERTIFYING CAU YES	NDINGS CONSIDERED SES OF DEATH?
OP CONTRI	DENT WAS UNDERLYING DENTING CAUSE OF CA	21B. hom elc.l	le, farm, foctory, street, off	or obout 21C. WHERE DID		City, give exact location)
DEATH (not	(Month) (Doy) (Yeor)		INJURY OCCURRED  Not While At Work		URY OCCUR?	
22. I certi	fy that/(I) (this hospital)	attended ti			19 71 to July	7 27 10 71
	e) lost sow the decease					on death occurred on the date
and hour a	and from the causes stat	ed abave. (1	(We) (did) (dra/nor) hi	ew the body ofter death.		and the second s
23A. SIGNA	Le LEROL	1.00 11	Atten	oding C Med. C		7-28-71 bys
23C. PHYSIC NAME RO	lans nypel bert Belliveau	, M.D.	DEGREE Phys.	3D. ADDRESS	Shoff M Phys. M Drive. Baltin	more, Maryland 212
	REMATION, 248. DATE		DEGREE OF CREATERY OF CREATERY			
Buria.	1 7/30/7°		tysburg Nation		Gettysburg	, town, or county) (Stote)
AUG 2	1971 Robert E	25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS lto. Md. 21214
C 160 DEV 17	TOTAL OWOGO C.	AUTOR	The said of the	10 7 5	Da	100. Fu. 21214

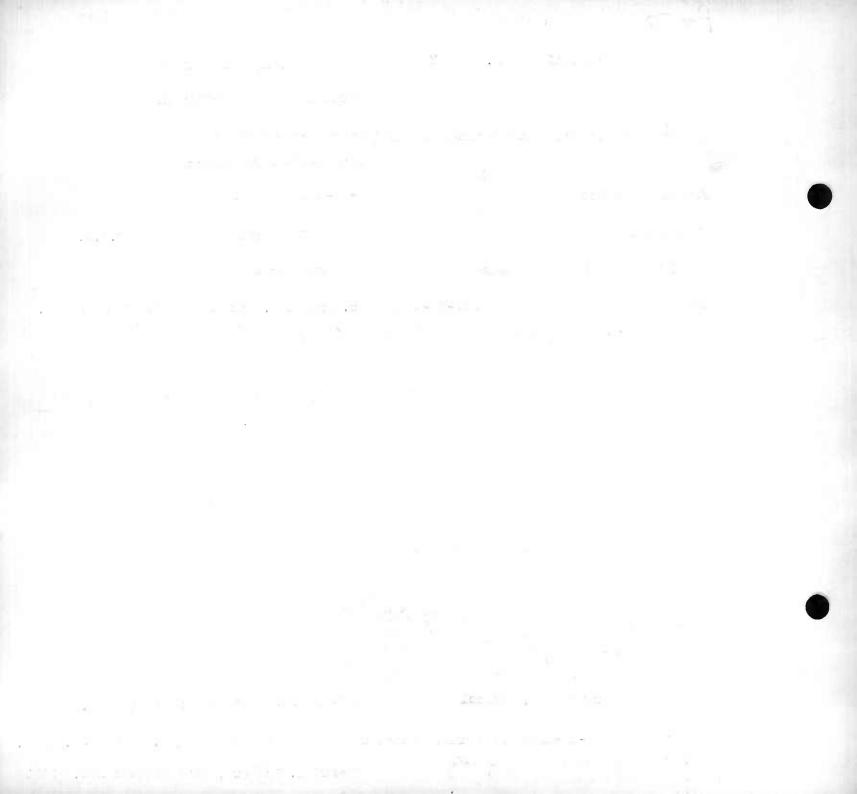


Q		BALTIMORE CITY	HEALTH DEPARTMENT	t-0.4	A contraction
10-600	7197	CERTIFICA	TE OF DEATH	REG. NO	1 7197
BIRTH NO.	3 -44-			ND HOUR OF DEATH	<u> </u>
Type or Print)					6.35
Berry Mrs. 3. PLACE IN BALTIMORE MARYLAND, W			July	29, 1971	7:15a.N
FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	A. STATE B. COU	NTY	2743
HOSPITAL OR ADDRESS OR LOCA	ΑΠΟΝ)		c. city or fown	D, IN	ISIDE CITY LIMITS?
91			Baltimore  E. STREET AND NUMBER		YES X NO
Keswick (Home for I	ncurabl	es)	3301 Ruecke	ert Avenue	
SEX 6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
female W	WIDOWED		Feb. 2, 1912	59	
OA, USUAL OCCUPATION (Give kind of world one during most of working life, even if retired)	KIND OF	BOSINESS OK INDOSIKI	II. BIRIHPLACE (Store of for	eign country)	12, CITIZEN OF WHAT COUNTRY
Housewife	Hor	ekeeping	Baltimore, M	laryland	U.S.
3. FATHER'S NAME	11011	cycebing	14. MOTHER'S MAIDEN NA	ME	
John William Root			Margaret Pea	rl Ehrhard	
5. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (If yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		217-40-8455	KESWICK	FILES	700 W. 40th St.
1B.		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	Annao	trachic Late	val Sekr	10 220
LEADING TO DEATH	dui a	(A) IMMEDIATE OAL	SE		2/2415
(This does not mean the made of heart foilure, asthenio, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar complication which caused	death.)				
ANTECEDENT CAUSES		(R)			
DISEASES OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the abave couse (A) UNDERLYING CONDITION lost.	stoting the	(a)			
		(C)			
OTHER SIGNIFICANT CONDITIONS CO	NTPIRITING				
= 110 THE DEATH BUT NOT RELATED TO T	HE TERMINAL				
DISEASE OR CONDITION GIVEN IN PAR 194. DATE OF OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	lo) 20B. IF YES. WERE	E FINDINGS CONSIDERED
WAS PER	FORMED			IN CERTIFYING C	AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CON WAS PER	7 21B	PLACE OF INJURY (e.g., i	or about 21 C. WHERE DID	(If in Boltim	ore City, give exact facation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	horr etc.	e, form, foctory, street, of	fice bldg., INJURY OCCUR?		
U	(Hour) 215	INJURY OCCURRED	21F. HOW DID IN	III DY OCCUP?	
OF INJURY		ile At Not Whil		JURY OCCUR:	
(APPROX.)	Wo	rk At Work			
22. I certify that (1) this haspital	l) aftended t	he deceased from	25 Feb	1971 10 2	9 July 1971
that (1) (we) lost sow the decease		29 July	19 7 ond t	hat in (my) Your) or	pinian death occurred on the dat
	6				printed on the dol
and hour and fram the causes sto	red obave (	))(we) (did) told nat) v	iew the body offer deoth.		loss DATE SIGNED
23A. STONATURE	1 (	\	nding Med.	Shaff	23B, DATE SIGNED
Currey DIT	whatch	Physical Phy		Phys.	29 Suly 1971
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		
Aubrey D. Rich	ardson.	M.D.	700 W. 40th	Street Ba	lto. Md. #21211
4A. BURIAL CREMATION, 24B. DATE		AME of CEMETERY OF CRI			City, town, or county) (State)
REMOVAL (Specify)	רק רק	mless and Council a			D-34-
Burial 7-31-7		rkwood Cemete:	25C. FUNERAL DIRECTO	rkville	Balto. Md.
ALIC O ANTE	ZJO. NAIVLE	7. 1 A			
AUG 2 1971 Pole & E	Jalle	Act.	Lassahn Tung	ral Home 74	01 Belair Rd. 21236



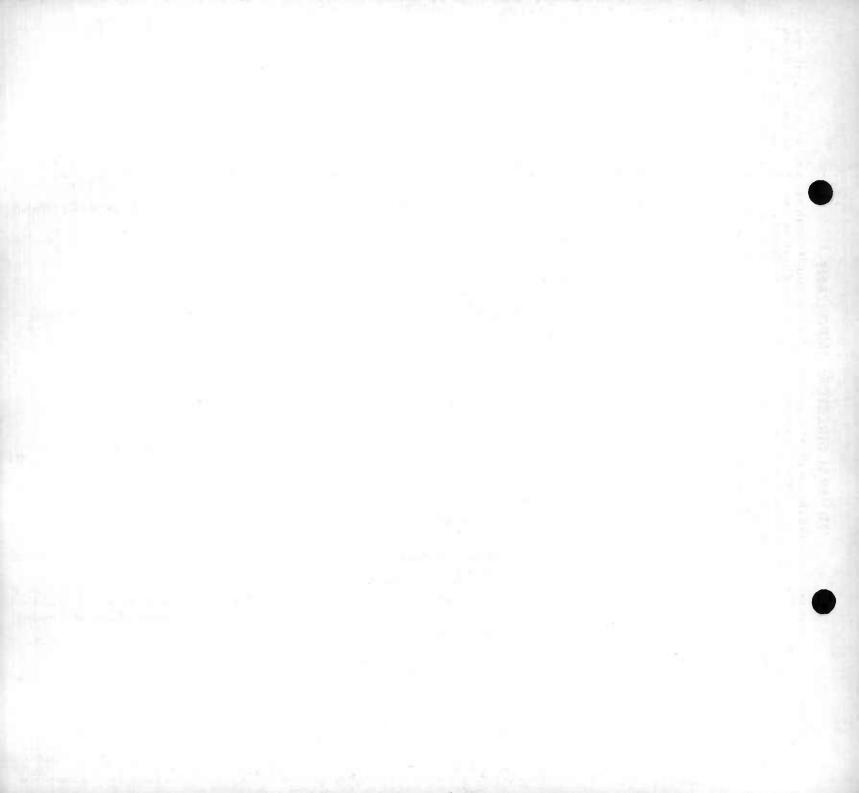
FUNERAL DIRECTOR:

	3-650 RTH NO.		7198		HEALTH DEPARTMENT	REG. NO.	71 7198
	Pe or Print)	CHARLOTTE	S.	BYRON	2. DATE A	and Hour of DEATH	
FL	PLACE IN BALT  JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC		UNCED DEAD		Baltimo	institution: residence before admission)
	13	South Balti	lmore Ge	neral Hospita		hlands	YES NO
и	sex Female	White	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 4-24-1913	9. AGE (in years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
dor	Housewif	PATION (Give kind of wor orking life, even if retired) C		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lo  New Je  14. MOTHER'S MAIDEN N.	rsey	U.S.A.
15.	( Unk	nown ) Ever in U. S. Armed For	Key	S 11 6. SOCIAL	Mary Hyn	es	
(Te	s, no or unknown)	lif yes, give wor or dote	s of servicet	SECURITY NO.			ADDRESS 21227
-	120 01 0	9		217-14-0491 CAUSE OF DEAT	Mr. Arthur E.	Byron, 285	l Louisianna Ave.
ATION	(This does no heart lailure, a injury ar comp  A DISEASES OF rise la lihe UNDERLYING OTHER SIGNIFICATION THE DEATH	EADING TO DEATH I meon the mode of sihenio, etc. Il means lication which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION last,  Il CANT CONDITIONS CO- BUT NOT RELATED TO TI NOTION GIVEN IN PAR	the disease, death.)  any, giving stating the MIRIBUTING HE TERMINAL	(B) artui	A CONSEQUENCE OF:  A CONSEQUENCE OF:	y ocardiz ni art disea	
ERTIFIC,	19A.DATE OF	OPERATION 198 CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?
CAL CI	OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF nedicol exominei	218, hom etc.)	e, form, factory, street, of	or obout 21 C. WHERE DID	(If In Bollima	ore City, give exact location)
MEDI	21 D. TIME OF INJURY (APPROXI	Month) (Doy) (Yeorl		INJURY OCCURRED  le At Not While k At Wark	21F. HOW DID IN	JURY OCCUR?	
		hat (1) (this hospital ast saw the decease		Suly 27	7 aly 21 and t	hat In(my) (our) op	Inion Beath occurred on the date
	23A. SIGNATUR	Fam	ed shave. (I		Med.	Staff Phys.	23B, DATE SIGNED
24.	PHYSICIAN NAME (Typ	Fernando		re1	3927 Annapol:		timore, Md.
	REMOVAL (Sp			ME of CEMETERY of CRE		LOCATION (C	ity, town, or county) (Stote)
11	Burial	7-30-1	971 Mead	dowridge Cemet		shington Blv	d. Howard Co., Md.
L	AUG 2	TIT Robert	E. Jabe	122 0 0	Howard H. Hu		Wilkens Ave. 21229



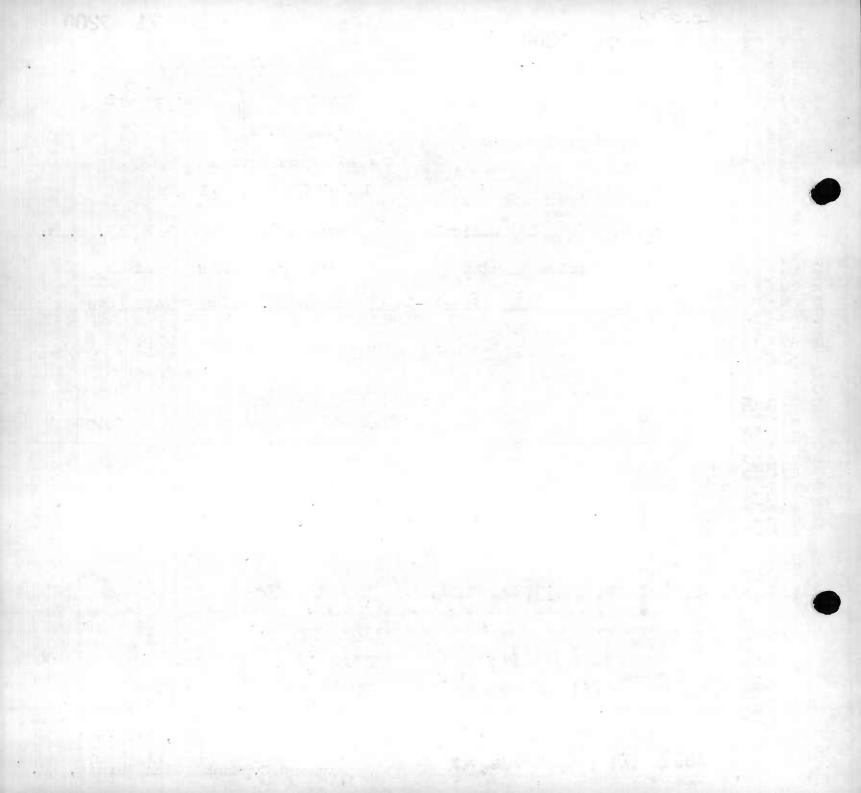
			Ш
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance of the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	10 mm

B 1122 74 7400	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	7199
1. NAME OF DECEASED (Typo or Print) Belsin, Benie		2. DATE AN	98-7/	1 7.30 a m
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If insti	tution: residence befare admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	UTION. GIVE STREET	c. CITY OR TOWN	lo. INSIDE	CITY LIMITS?
16	1/2,0174	BALTIMOR	5	ES NO
4UNION HE MONIAL	post 1114c	E. STREET AND NUMBER 2957 KE	swick Rd	Baro HD2/3/1
WIDOWED	DIVORCED	05/18/02	69	Il Under 1 Yr. If Under 24 Hrs. Nonths Doys Haurs Min.
IOA USUAL OCCUPATION (Give kind of work 108, KIND OF done during most of working life, even il refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	an country)	12. CITIZEN OF WHAT COUNTRY
linen ployed		Hay land		Ameri con
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	AE	
ella /k nonun		<u>tle</u>	M noun	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (II yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	CHAR	ADDRESS
18. / 62 . / 1 2.	TOTAL CAUSE OF DEATH		Α.	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		C	11	1 A.
LEADING TO DEATH (This does not mean the mode of dyling, e.g.,	(A) IMMEDIATE CAUS		of Jun.	3 I 4 mays
heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last,	(c)			
II II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
≪ IDISEASE OF CONDITION GIVEN IN PART 1 (A)	**********		**********************	***************************************
19A. DATE OF OPERATION 19B. CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
OR CONTRIBUTING CAUSE OF CELL	PLACE OF INJURY (e.g., in e, form, loctory, street, offi	or about 21 C. WHERE DID co bldg., INJURY OCCUR?	(il In Boltimore C	Ity, give exect location)
I OF IN HIM	INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
(APPROX) Whi	le At Not While			,
22. I certify that (1) (this hospital) attended th	A THUR		7	177/197/
The state of the s	7/27/19	7/////		19
that (1) (we) last saw the deceased alive an			t in (my) (aur) opinia	n death accurred an the date
and hour and from the couses stated above. (1)	) (We) (did) (did nat) vi	ew the bady ofter death.		
23A. SIGNATURE				B. DATE SIGNED
Oxilo/S	DEGREE Phys.	ding Med. Director F	taff thys.	
23C.PHTSICIAN'S NAME (Type)	2:	D. ADDRESS		
TULIO BENTORIN	/1	UNION H	E HORIAL	HOSPITAL
MA BUDINI CREMATION DATE DATE	ME OF CEMETERY OF CREA			lown, or county) (State)
BUKIAL 11-31-11	STERS TOWN M	ETHOUIST REIS	STERS TOWN	BALTO CO Md
25A. DATE REC'D BY HEALTH DEPT. 25B, NAME O	FREGISTRAR	25C. FUNERAL DIRECTOR	+ 01111	Aporess Ballo
AUG 2 1971 Vaber E. Jarber	, ALD, W	errang AL	leiz 8141	36 St. md



FUNERAL DIRECTOR: IMPORTANT

(1)			BALTIMORE CITY	HEALTH DEPARTMENT		
IKKLING. OC			CERTIFICA	TE OF DEATH	Registered No	71 7200
A.E. CASE NO.	1996	10	CERTIFICA		/	7.000
NAME OF DEC		_			AND HOUR OF DEAT	М
BLACE OF DE	BERNICE ATH IN BALTIMORE MA		QUINN		/29/71	A
PLACE OF DE	ATH IN BALTIMORE, MA	KILAND		A. STATE B. CO	DUNTY	institution: residence before admission
FULL NAME		or institution,	give street	Maryland	Anne A	Arundel
HDSPITAL OR	oddress or location				f outside city limits, write	e RURAL and give township)
01	Kenesaw Nu	irsing	Home	Glen Burn	ie	
70	2601 Rosly	n Aver	nue	D. STREET ADDRESS	(If rurol, give location)	
				411 Pine	Terrace	
SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months: Doys Hours Min.
emale	White		ingle	10/3/1889	81	
				11. BIRTHPLA CE (State or	foreign country)	12. CITIZEN OF
e during most of	working life, even if retired)					WHAT COUNTRY?
Nurs		Me	dical	Maryland		U.S.A.
FATHERS NA	ME			14. MOTHER'S MAIDEN	NAME	
Lowin	e Charles	Oui	nn	Elizabeth	Dixon	Nelson
Was Deceesed	S Charles d Ever in U. S. Armed Fer	ces?	1 6. SOCIAL	17. INFORMANT	DIXOII	ADDRESS
s, na arunkna w	n) (If yes, give wor or dote	s of service)	SECURITY NO.			
No			558-18-1496		. Quinn	As Above
18. 43	6,91		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR	RECTLY	2			h 1-
(30.)	LEADING TO DEATH	Access -	(A) Dro	ncho preumo	Nia	7 days
	not meon the mode of ostheria, etc. It meons		DOFID	(		
	mplication which caused			1 1 1 7 . 4	200 -1-0	
	ANTECEDENT CAUSES		(B) / IRS/	dual lett e	Crebrovas	2a14F 104TS. T
DISEASES	OR CONDITIONS, if	anv aivina	DUE 10	acciden	7	
	ne obove couse (A)		(C) A7	terioselero.	513	1097-5-+
UNDERLYIN	G CONDITION lost.					,
	- 11			,		
	HEATH CONDITIONS C		G None	Knowen		
	CONDITION CAUSING I					
	F OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes o	No. 208, IF YES, WER	E FINDINGS CONSIDERED
0 -	WAS FER	CRITIC		NO	GERIII III G	ALMANDE ALMANDE
	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCUI	O (If in Boltim	are City, give exact lacotion)
	UTING CAUSE OF y medical examiner	elc.		mee blags, INJURI OCCUI		
21 D. TIME	(Month) (Day) (Year)	(Hous) 215	INJURY OCCURRED	21F HOW DID	INJURY OCCUR?	
OF INJURY			ile At Not Whil		HIJORI OCCOR:	
(APPROX.)		We	At Work			
22. I certify	y that (1) (this hospital	) ottended t	he deceased from	about 196	019 to Ju	14 27 197/
			/ /	7 10 2/	d that in (mu) (aucha	plnion death occurred on the do
			/			printed decin occurred on the do
		ted obove. (	(did not)	riew the body ofter dec	th.	
23A. SIGNAT	URE POLYPA	911.1	tus			23B, DATE SIGNED
1. 1. 1.	1-10/1/00	Judin	M.D. Att	ending Med. Director	Stoff Phys.	July 29-1971
23C. PHYSICI		· Uni	2			
NAME (		, VVr	19/7/	313 Medical	1120010	7.
	11001.10		1			
A. BURIAL CRI	EMATION, 24B, DATE (Specify)	24C. N	AME of CEMETERY of CR	EMATORY 24	D. LOCATION	(City, town, or county) (State)
Burial	7/31/7	1 Ch	esterfield	Cemetery	enterville	Maryland
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
AUG 2	ABINAL A - A	Jaber				3
		11400		Raymond	Fink G	len Burnie, Md.
150-REV. 1/1/	/65			2 4 8	₹	



BIRTH NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  SINGLE HOSPITAL OF BALTIMORE INC  BELVEDERE AVE AT GREEN SPRING  5. SEX  16. RACE  TO MARRIED  NEVER MARRIED  REG. NO.  2. DATE AND HOUR OF DEATH  T/29/71  2. 15  4. USUAL RESIDENCE (Where deceosed lived. If institution residence beld. A. STATE R. COUNTY  MARYLAND  AND TO TOWN  D. INSIDE CITY LIMITS?  BALTIMORE  VES  NO  6. RACE  7. MARRIED  NEVER MARRIED  8. DATE OF JETH, P. AGE (In yeors)  II Under 1 YI.	5300
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution residence bet a. STATE B. COUNTY  MARYLAND  A. STATE  MARYLAND  C.CITY OR TOWN  BALTIMORE  YES  NO  STREET  OF BALTIMORE  E. STREET AND NUMBER  2521 Smith AVE  5. SEX  6. RACE  7. MARRIED   NEVER MARRIED	5300
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  SINAI HOSPITAL OF BALTIMORE INC  BELVEDERE AVE AT GREEN SPRING  S. SEX 6. RACE  7. MARRIED   NEVER MARRIED   8. DATES BEITTH   19. AGE (In very limits)   15. Included by the series   15. Included by the se	5300
SINAL HOSPITAL OF BALTIMORE INC.  BALTIMORE  YES NO  BELVEDERE AVE AT GREENSPRING  E. STREET AND NUMBER  2521 Smith AVE  S. SEX _ G. RACE   7. MARRIED   NEVER MARRIED   8. DATE: PERISTH   19. AGE (In very)   16. Holder ) V. 16.	Hadas 24 Has
6. SEX _ 6. RACE   7. MARRIED   NEVER MARRIED   8. DATE PRESENT   19. AGE (In vers ) 11. Hodes ) V. 16.	Under 24 Hrs.
I MAKELED I INFO FOR MARPIED I 100 DONE DE SIN VENER IN VENER I II LIGUEZ I VE	Under 24 Hrs. urs Min.
Tomal La XX WHITE WIDOWED X DIVORCED   Months: Doys How	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WH	AT COUNTRY
HOUSEWIFE AT HOME POLAND US	
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ISRAEL GOLDSTEIN ESTHER MACKOVER	
S. Was Deceased Ever in U. S. Armed Forces?  (es, no or unknown) [III yes, give wor or dates of service)  16. SOCIAL  17. INFORMANT  ADDRESS	
NO MRS. RUTH SACHS, 2521 SMITH AVE. #212	09
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heard failure, ashenia, etc., it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving is a lot he abave cause (A) stating the UNDERLYING CONDITION last.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  11  OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  121A. ACCIDENT WAS UNDERLYING OR CONDITION FOR WHICH OPERATION  OR CONTRIBUTING CAUSE OF CONTRIBUTION CO	1.73
22. I certify that (4) (this hospital) attended the deceased fram 4/25/7/ 19 // ta 1/20 that (8) (we) last saw the deceased alive an 1/29/7/ 19 // and that in (me) (aur) apinian death accurred	
and have and from the causes stated abave. (We) (did) (did not) view the bady after death.	
23A. SIGNATURE Thanknopolyon M.D Attending Med. Staff 1/29/	7/
PASSICIAN'S CHALEMPHILL THANANDPAVARN 23D. ADDRESS SINAH HOSPITAL OF BALTIMO	RE W
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	(Stotel
BURIAL 7-30-71 BNAI ISRAEL BALTIMORE, MARYLAND	
AUG 2 1971 Page 258. NAME OF REGISTRA SOL LEVINSON & BROS., 6010 REISTERSTO	

3.1 town to the second seco 

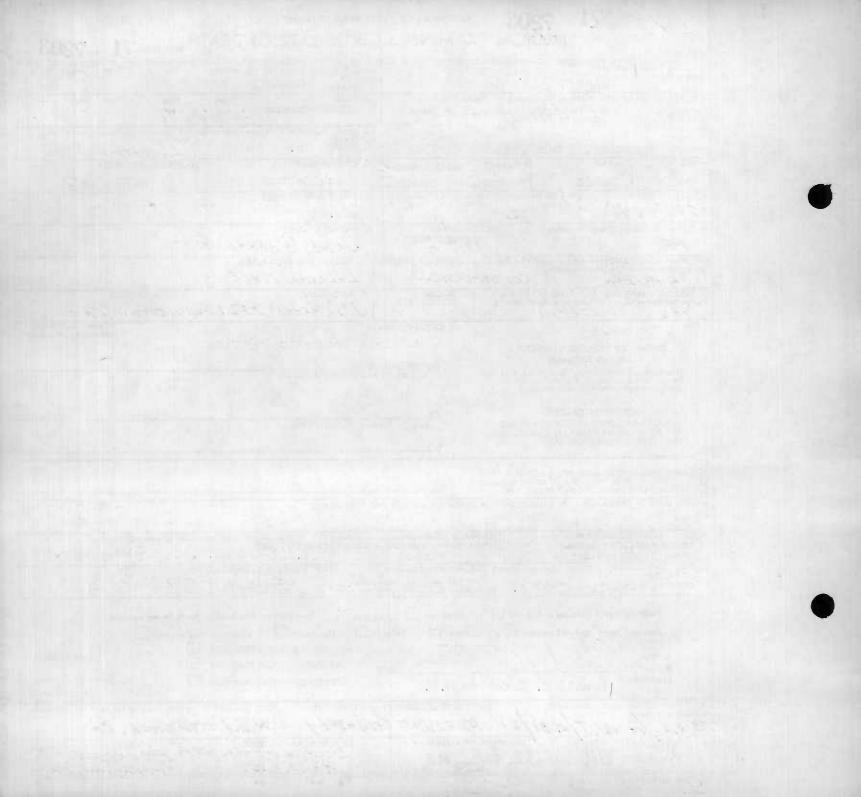
White the state of 
FUNERAL DIRECTOR:

B - a	BALTIMORE CITY	HEALTH DEPARTMENT	194	2002
BIRTH NO. 71 7202	CERTIFICA	TE OF DEATH	reg. No. 71	1200
1. NAME OF DECEASED BENESCH	BLANCHE		11 -10.300	
	and where where	A. USUAL RESIDENCE (Where det A. STATE B. COUNTY HAR X AND C. CITY OR TOWN B 17 L T I HOR IS E. STREET AND NUMBER	D. INSIDE CITY YES TO THE PROPERTY OF THE PROP	27-11-
FEMALE WHITE WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 1 19 AC lost b	irthday Months	Pays Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired)  HOUSEWIFEL WAL A AT HO	BUSINESS OR INDUSTRY	11. BIRTHPLA CEISIATE OF Toreign Co		ZEN OF WHAT COUNTRY?
110 00 -	KOSCHLAND	14. MOTHER'S MAIDEN NAME  MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	len Kittner
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT	NESH	SAHE
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		ISE CHRDIAC I A CONSEQUENCE OF: 4C NIA + DIA A CONSEQUENCE OF:		BETWEEN ONSET AND DEATH  Mi wels.  3 weeks
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION FOR W WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B	L IF YES, WERE FINDINGS	CONSIDERED DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g., it farm, factory, street, af	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Baltimare City, gi	
21D-TIME (Manth) (Doy) (Year (Haur) 21E	INJURY OCCURRED  A AI Not White At Work	21F. HOW DID INJURY (	DCCUR	
22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive on and hour and from the causes stated above. (I) 23A. SIGNATURE  23C. PHYSICIAN'S	7-29-7 (We) (did) (did not) v	lew the body after death.	(my) (our) opinion dec	29 19 7/ oth occurred on the dote TE SIGNED 29-7/
NAME (Typel JUAN M	CALDERE DEGREE ME al CEMETERY OF CRE	in H.D.	OM (City, town,	ar county) (State)
BURIAL 7-X30-71 BALT 25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF			IMORE, MARYLAN	
NIC 2 TO P.G. S. NAME OF THE STREET OF THE S	(xx 0 n	SOL LEVINSON & B	ROS.,6010 REI	STERSTOWN ROAD

3501 St. Paul St

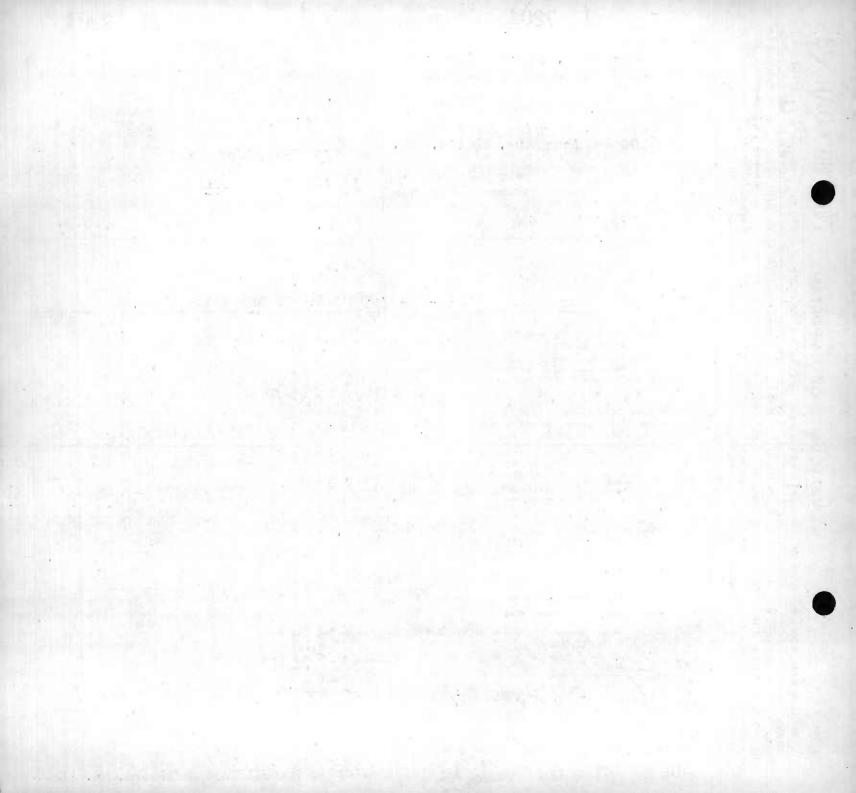
V.S.

71 M.



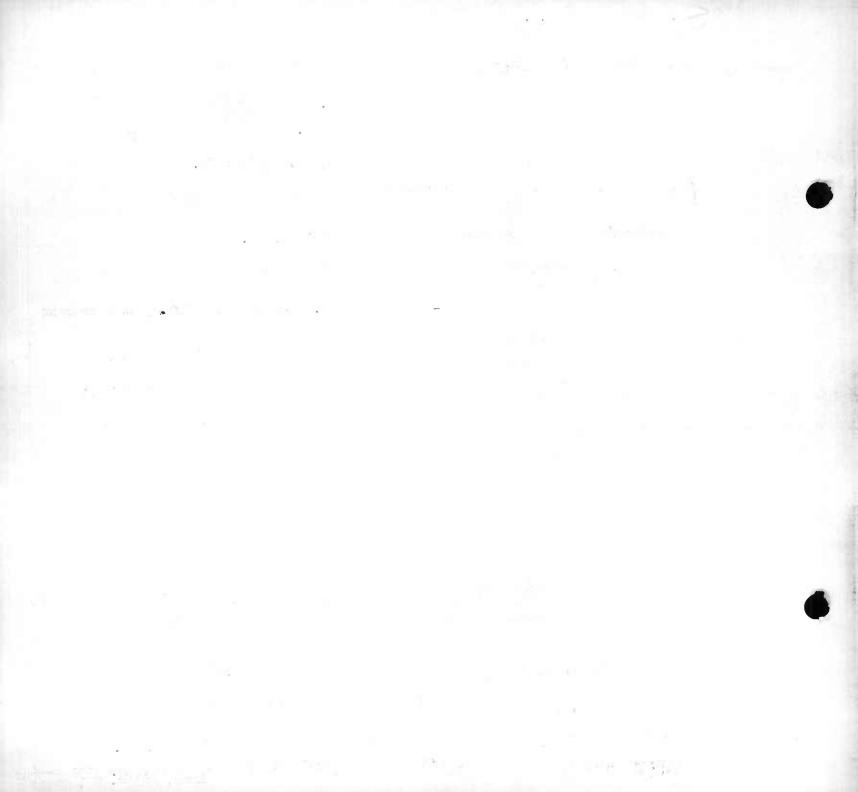
FUNERAL DIRECTOR: IMPORTANT

7 -	// 174 mg	204	BALTIMORE CITY	HEALTH DEPARTMENT		74 200	. 4
BIRTH NO.	6 11 16	,04	CERTIFICA	TE OF DEATH	REG. NO.	1 720	14
Type or Print)	Phoebe C. L	uenneb	ier	2. DATE A	ND HOUR OF DEATH	1 1105	OA
3. PLACE IN B	ALTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If in	stitution: residence	before admission
FULL NAME C	OF (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	Md. 21212	1 %	- 27	18
HOSPITAL OR				C.CITY OR TOWN Baltimore	D. INS	IDE CITY LIMITS?	
10 6	dgewood Nurs 000 Bellona	ing Ho	me Palto Ma	E. STREET AND NUMBER		YES-C N	10 🗌
/ 0	ooo bellona	ALUE . L	arco. Ma.	513 Tunbr	idge Road		
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 11/16/80	9. AGE (In years lost bigthday)	If Under 1 Yr. Months: Doys 1	If Under 24 Hr Hours Min.
-		WIDOWED			1/E 90		
lone during most	of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF	
Hous	ewife			Ma.		U.S	.A.
3. FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	AME		
	hard Hutchinson			Ella ?			
S. Was Deceas les, na or unkno	ed Ever in U. S, Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	SS
No				9 B Louis H. Du	uennebier (H	usband ) Sai	me
18. 4	40,91		CAUSE OF DEAT	H			IMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY	Chranic	MISTA Dolic	Duc Lant.		
(This door	LEADING TO DEATH	dvina oa	(A) IMMEDIATE CAL	SE	Dys funiti	011	
hearl failur	e, asthenia, etc. It means	the diseose,		A CONSEQUENCE OF:	/	DESCRIPTION OF THE PERSON OF T	
injury or c	amplication which caused	death.)	(- Mani	) Daligingalia	. E - 6 0	.0	
DICEACEC	ANTECEDENT CAUSES		(B) 2/4/7/19	Patraioschy	05/3-0.0		
	OR CONDITIONS, if the obave cause (A)		DARK	NON'S DIST	Ase	7 TH TH	,
UNDERLYI	NG CONDITION last.		(c) /// (cx)	10 7 0 1 1 3 1 . 3.			
Z		NITRIBUTING					
TO THE DE	NIFICANT CONDITIONS CO	HE TERMINAL	.0.04				
	OF OPERATION 198 CON	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or N	10) 20B, IF YES, WERE	FINDINGS CONSID	ERED
	WAS PERI	ORMED			IN CERTIFIING CA	USES OF DEATH?	
OR CONTR	DENT WAS UNDERLYING DIBUTING CAUSE OF tify medical examiner	21 B. hom etc.)	e, form, foctory, street, of	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exact lo	cotion)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
(APPROX.)		Whi	le At Not While At Work	e 🔲			
22. L certi	fy that (1) (this hespital			6-19-	1971 to		19
	e) lost sow the decease		TO THE CONTRACTOR	19 ond t	hot in (my) (our) op		
			) (Wa) (did) (did nat)	iew the body ofter death			on the di
23A. SIGNA	/ 2 / //	1 As a -	, (e) (did) (did not) V	iew file body offer deoffi	•	23B. DATE SIGNE	D
6his	nont Val	286	Dhu	mding Med.	Staff Dhua		
23C. PHYSIC	THA IV'S	00	DEGREE Phy	23D. ADDRESS	Phys. 🗀	24 0	
Axith	ony F. CI	AROZ.	Z FT DEGREE	5217 /OR.	KRd BA	to. Md	21212
4A. BURIAL C	REMATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE			ity, town, or county)	(Stote)
Bur		West	ern Cemetery	Ba	altimore, Mar	ryland	
SA. DATE REC	'D BY HEALTH DEPT.		F REGISTRAR	2SC. FUNERAL DIRECTO			RESS
AUG !	2 1071 020 4	23.7	L. C 17 6	Seitz Funer	Seitz 5209 Yo Ll Home Belt	ork Road	21219
/S 150-PEV 1/	1/68		AS TO GO				

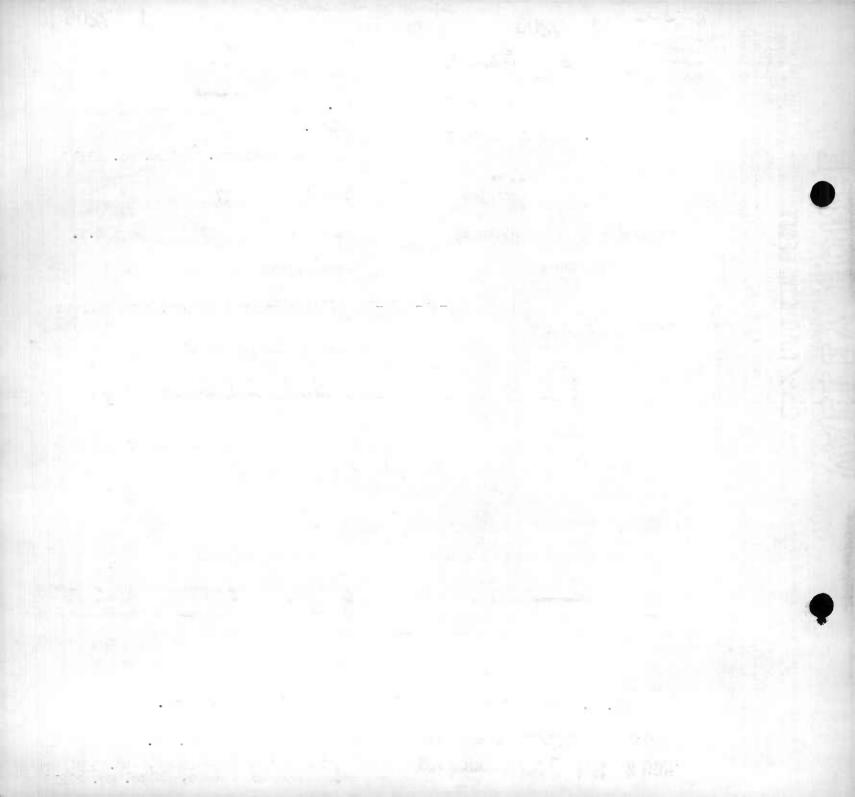


FUNERAL DIRECTOR:

5-4/6 71 720	E	Y HEALTH DEPARTMENT	reg. no. 71 7205
BIRTH NO.  1. NAME OF DECEASED	CERTIFICA	TE OF DEATH	
(Type or Print) BETTY S	SHELL SHELL	BURNE) 2. DATE AND HOU	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deced	
		M. STATE B. COUNTY	Williams a fasture before dumission
HOSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	Md.	1 - 3
Material start	1 Hospital	Balto.	D. INSIDE CITY LIMITS?
1/ Cananna Drive	me of M	E. STREET AND NUMBER	YES X NO
Maria Maria	L'I COM MORE	2222 E. Madison	Sta
5. SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE	(in years   If Under 1 Yr. II Under 24 Her
	OWED DIVORCED	1-3-2 4 lost birt	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KI)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of loreign coun	12. CITIZEN OF WHAT COUNTRY
is any area of working the, even it retired)			
13. FATHER'S NAME	t home	Cumberland, Md.	
James Ross Twig	70.00		
S Was Descript E		Lula Spencer	
(Yes, no or unknown) (II yes, give wor or dotes of ser	vice) SECURITY NO.	17. INFORMANT	ADDRESS
no		Mrs. Robert West	(sister) same address
18.203X 1	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(1,0)	BETWEEN ONSET AND DEATH
(This does not mean the made of dying	(A) IMMEDIATE CAU		entrom 05 pomoler
heart failure, asthenio, etc. It means the dis injury or camplication which caused death.)	ease.	A CONSEQUENCE OF	
ANTECEDENT CAUSES		9	
	(B)		
rise to the above cause (A) stating	iving DUE TO, OR AS	A CONSEQUENCE OF:	4
UNDERLYING CONDITION last.	(c)		
- 11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE THE TERMINATION OF THE TERMINATIO	ING		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************	***************************************	
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF	P YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	218 PLACE OF INJURY (e.g., in	1000	
OR CONTRIBUTING CAUSE OF DEATH Inotily medical examines	home, form, loctory, street, olf	ice bldg. INJURY OCCUR?	(if in Boltimore City, give exoct location)
<u> </u>			
2 OL MARK	21E INJURY OCCURRED	21F. HOW DID INJURY OC	CU K?
[APPROX.]	While At Not While At Work		
22. I certify that (1) (this haspital) attend	ded the deceased fram	7 - 7 19.7/	to 7-27 107/
that (1) (we) last saw the deceased alive		19 7 / and that in (my	y) (aur) apinian death occurred on the date
and haur and fram the causes stated above	ve. (1) (We) (did) (did not) of		, , ,, spinion additi occorred on the date
23A. SIGNATURE		waay and deams	23 & DATE SIGNED
73 itas		ding Med. Staff	7-1-7-71
23C. PHYSICIAN'S	DEGREE Phys.	Director Phys. 63D. ADDRESS	1-1-11
NAME (Type)	AN MID.	11	ATT Lamping 1
4A. BURIAL CREMATION, 1248, DATE 124	IC. NAME OF CEMETERY OF CREA	•	ATE HOSPITAL
REMOVAL (Specify)			(City, town, or county) (Stote)
burial   7/31/71   1	Pleasant Valley O		ain Lake, Md.
ALIC 9 TOTAL O. C. IA S	ME OF REGISTRAR	25C. FILNERAL DIRECTOR	4.000.000
'S 150-REV. 1/1/68	1.000	Schimunek Funer	Lane Balto 3331 Brehms
3 130-REY. 1/1/08			



BALTIMORE CITY HEALTH DEPARTMENT USUAL RESIDENCE (Where deceased lived, If institution; residence before admission (If outside city limits, write RURAL and give township) Balto. Md. 21213 If Under 1 Yr. If Und Months Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S. ADDRESS William Bauer (husband) same address INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ... ond that In (my) (aux) opinion death accurred on the date 23B. DATE SIGNED (City, town, or county) ADDRESS Schimunek F Funeral Homes, Inc. 3331 Brehms Lane, Balto. Md. 21213 VS 150-REV. 1/1/65



VS 150-REV. 1/1/68

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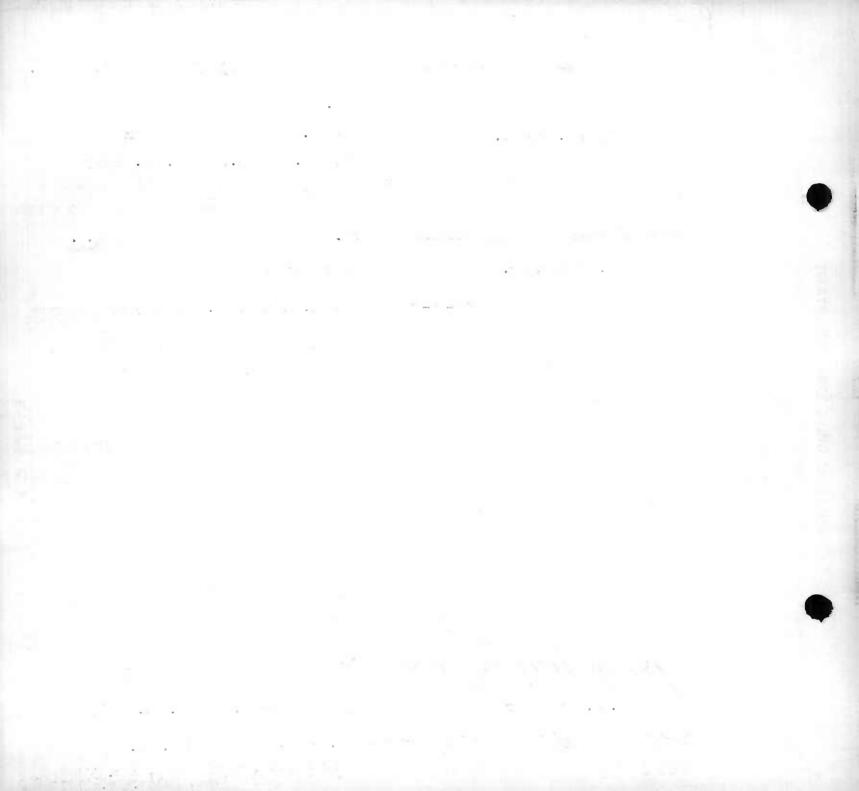
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U.S.

same address

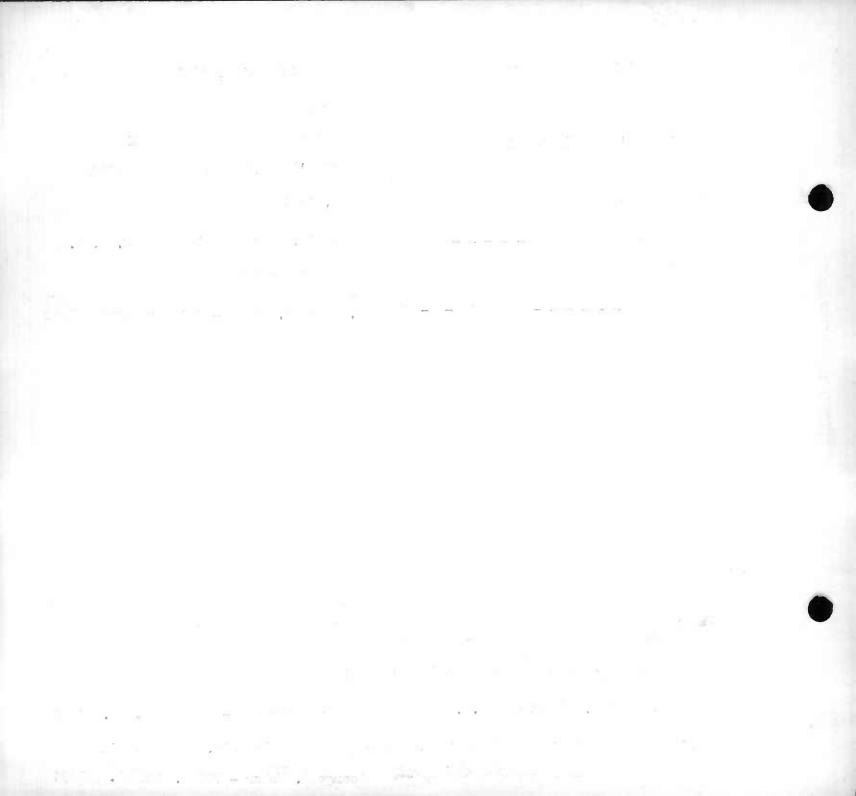
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS



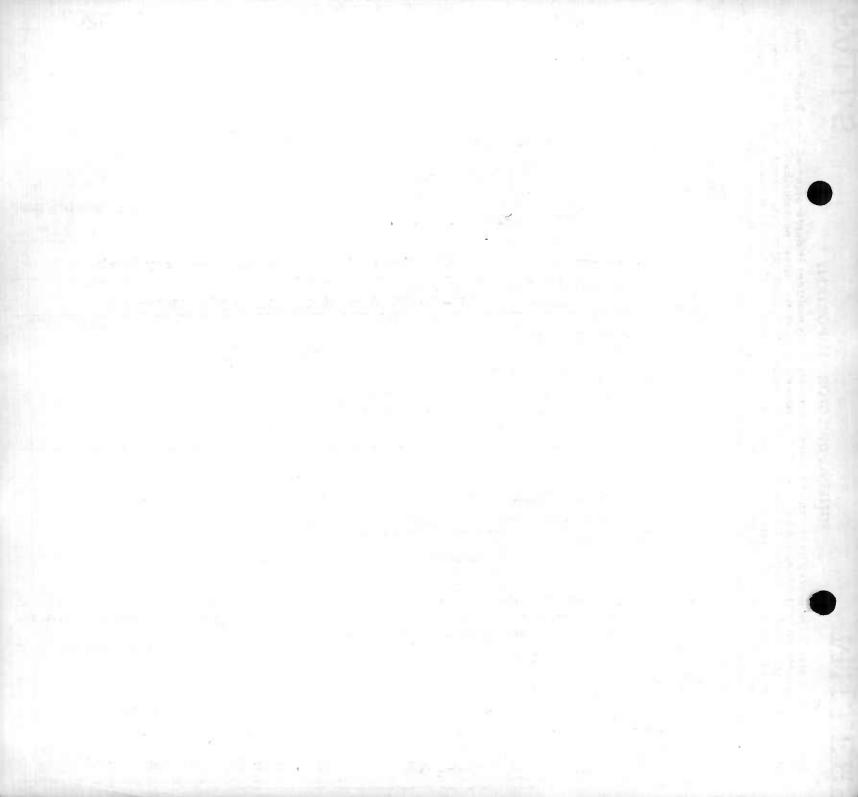
DIRECTOR:

FUNERAL



- 1	Ш
il (except where the physician who prohounced death was in regular attendance on the 1); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	150
eath.	-
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sed mad	5
In re leced ion is	9
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(except where the physician who pronounced death was in regular; and (6) No physician was in regular attendance on the deceased presobtained before the remains are embalmed or final disposition is made.	10
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(except where the physician w ; and (6) No physician was in r ; obtained before the remains ar	TOTA OTHERS
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was D.O.A. at a nospi deceased prior to dea written approval mus	2
dece	2

W-456	-0		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	7209		CERTIFICA	TE OF DEATH	REG. NO	71 7209
1. NAME OF DECEASE (Typo or Print)	ILMER, =	LDA		2. DATE A	IND HOUR OF DEATH	(am)
3. PLACE IN BALTIMO	RE MARYLAND, WHE	RE PRONOL	INCED DEAD	4. USUAL RESIDENCE IWH	ere deceased lived. If in	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL ADDRESS OR LOCATIO	OR INSTITU ON)	JTON, GIVE STREET	MARYLAN C. CITY OR TOWN	D	IDE CITY LIMITS?
Lile	4			BALTIN		YES A NO
UNION	MEMORI	AL	HOSP, TAL	E. STREET AND NUMBER	LMLEY	RUENUE
5. SEX 6. R	ACE 7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., II Under 24 Hrs.
EMALE	WHITE N	VIDOWED [	DIVORCED	9.12.02	lost birthdoyl 68	Months Doys Hours Min.
done during most of working	ON (Give kind of work) 108	ontine	ntal Can, Co.	11. BIRTHPLACE (Stote or for MARVLA	eign country)	12. CITIZEN OF WHAT COUNTRY
3 FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
ONK	NOWN		Martin Piech	ocki HN	CNOU'A Ma	ry Novak
5. Was Deceased Ever	in U. S. Armed Forces! es, give war or doles of	service)	SECURITY NO.	17. INFORMANT		ADDRESS
No	1			Evertt Guy Wil	mer 3607 Elm	lev Ave
18. 4/0,	91		CAUSE OF DEATH			APPROXIMATE INTERVAL
	CONDITION DIREC	TLY		0.		BETWEEN ONSET AND DEATH
	DING TO DEATH	ina ea	(A) IMMEDIATE CAU	SE YULHONARY	EDEMA.	
heart failure, asthe	nia, etc. it means the tion which caused dec	disease,	DUE 10, OR AS A	CONSEQUENCE OF: UR	34174	
	CEDENT CAUSES	um.)	muse	andIAL INPARC	Tinal	2 1
	ONDITIONS, if any	aisina		A CONSEQUENCE OF:	21/010	Losp
rise to the at	ove cause (A) sta	ling the	שלב זכי, איז אים	A CONSEQUENCE OF:		
UNDERLYING CO	NDITION last.		(c)		***	
TO THE DEATH BU	II TCONDITIONS CONTR I NOT RELATED TO THE T	ERMINAL				
	TION GIVEN IN PART 1	ON FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES. WERE I	FINDINGS CONSIDERED
19A-DATE OF OPE	WAS PERFOR	MED			IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING DEATH Inotify medi	AS UNDERLYING CAUSE OF	21 B. home etc.)	PLACE OF INJURY (e.g., in b, larm, factory, street, off	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exact location)
Q 21D. TIME IMO	nth) (Day) (Year) (H	ioud 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY		While	Not While			
22. 1 certify that	(1) (this hospital) at			2.20 71	.19ta	19
	saw the deceased a					nion death occurred on the date
				ew the body after death.	in tally tools opin	Journ occoried on the date
23A. SIGNATURE	1111 1		(3)	CW THO DOLY CITED DECINE		23 B. DATE SIGNED
	Kallisterts	ا عاد	After Phys.		Staff Phys.	8.1.71
23C. PHYSICIAN'S NAME (Type)	RAMON D	er B	DEGREE	3D. ADDRESS	rnys. —	111 1
24A. BURIAL CREMATI	DN. 24B. DATE	24C. NA	DEGREE ME of CEMETERY OF CRE	MATORY 1240	DAGYICA (CI	ly, town, or county) (Stote)
REMOVAL (Specification Burial	8/4/71		tanislaus Ceme			
AUG	EALTH DEPT. 258	NAME O	REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
AUG	2 19/1 466	Bert E.	Jacker, M. a.	George A. Webe	r 705 South	Ann Street
/S 150-REV. 1/1/6B						



DIRECTOR:

FUNERAL

723 N. Glover st.

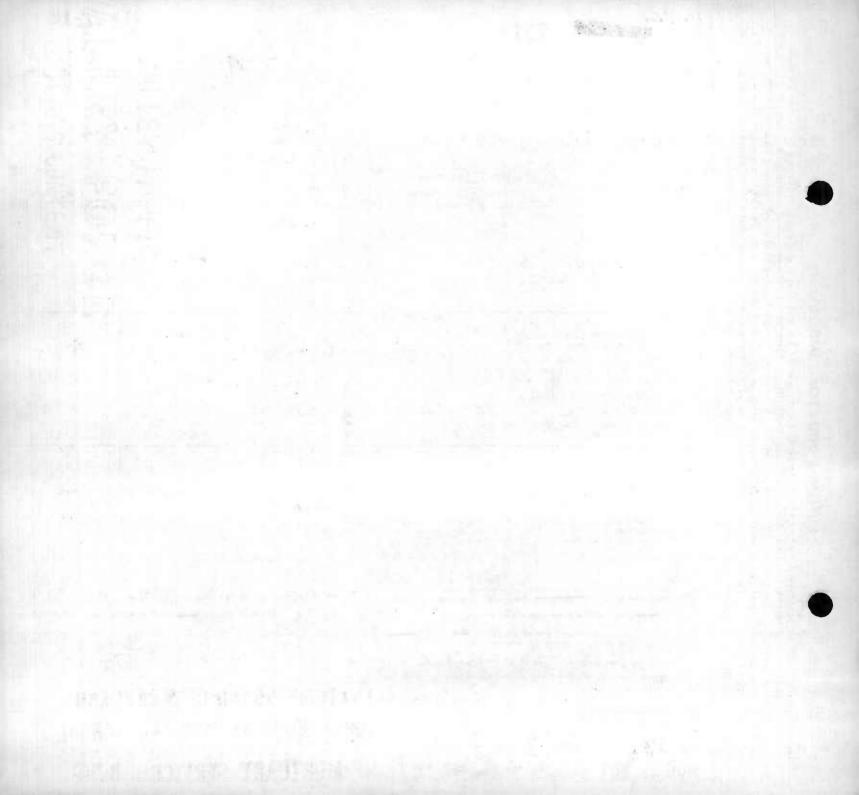
FUNERAL DIRECTOR: IMPORTANT

BII	3-536 71 7211		HEALTH DEPARTMENT	Y REG. NO.	71 7211
1.1	NAME OF DECEASED DOROTHY	UANITA CURRY	GUNTER) 2. DATE A	ND HOUR OF DEATH	
Ц.	POROTHY GUI	UTER	1/2	9/7/	15:35 A M
	PLACE IN BALTIMORE, MARYLAND, WHERE PROJ ILL NAME OF (IF NOT IN HOSPITAL OR INS		4. USUAL RESIDENCE (Whe	ere deceosed lived. II in	stitution: rosidence before admission)
HZ HZ	OSPITAL OR ADDRESS OR LOCATION) STITUTION		C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
Ľ	MARYLAND GENER	PAL HOSP.	E. STREET AND NUMBER	T. CLAIR	F LA
	WIDOW	ED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
don	N. USUAL OCCUPATION (Give kind of work 10B. KIND the during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore Virginia	ign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME				
			14. MOTHER'S MAIDEN NA	ME	
15. (Ye:	Vos Deceosed Ever in U. S. Armed Forces? s,na or unknawn) (If yes, givo war or doles of service	16. SOCIAL SECURITY NO.	Mary E. F	ettins	ADDRESS
	1/0	233 30679	z Mr Norman	L. Gunter	7861 St Clair
_	18. E 2 2 6 21 E 7/ 0	CAUSE OF DEATH			Lane
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Gantro /	ntesting He	morrheye	Aux Between Onset and Death
	(This does not mean the made of dying, e. heart failure, asthenia, etc. It means the diseas	g., DUE TO, OR AS A	CONSEQUENCE OF:	Gri Bott	30007
	injury or complication which caused death.)  ANTECEDENT CAUSES	Durde	wal aller		ys.
	DISEASES OR CONDITIONS, if any, giving the lotter of the labore cause (A) stoling the UNDERLYING CONDITION last.	ne	A CONSEQUENCE OF:	*** = = = = = = = = = = = = = = = = = =	
	84	(C)		***************************************	
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	CAENNE	EC CIRRHOSIS	***************************************	ys .
ERTIFIC		WHICH OPERATION	20A AUTOPSY? (Yes or No	20B, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
CAL CI	OK COMINIBUTING CAUSE OF	18. PLACE OF INJURY (e.g., in ome, form, factory, street, office)	or about 21C, WHERE DID	(II in Baltimare	City, give exoct lacation)
MEDI	(APPROX.)	TE INJURY OCCURRED  While At Not While	21F. HOW DID INJ	URY OCCUR?	
	The state of the s	Vork LJ At Work			
	22. I certify that (1) (this haspital) attended that (1) (we) last sow the deceased alive an		6.1	9 <u>7 / ta 7 -</u>	ian death accurred on the date
	ond hour ond fram the couses stoted above.	(I) (We) (did) (did not) via			and decired on the date
	23A. SIGNATURE	(1) (2) (3)	ow the body diret deoin.		23B, DATE SIGNED
4	Doubara Q. Don	Attend	Director L	Staff Phys.	7-29-71
	23C. PHYSICIAN'S NAME (Type)		D. ADDRESS	00:	
24A	MICHASL A. GREATION, 248, DATE 24C. REMOVAL (Specily)	NAME of CEMETERY OF CREA	MATORY 24D. LC	CATION (City	r, tolin, or caunty) (State)
	Removal 7/30/71	Maury	Ri	chmond Vir	A
25A		OF REGISTRAR	HENRY SAND		
/5	TEO DEV 10160		L'BAT-TIMORE		7777



DIRECTOR:

FUNERAL



DIRECTOR:

FUNERAL

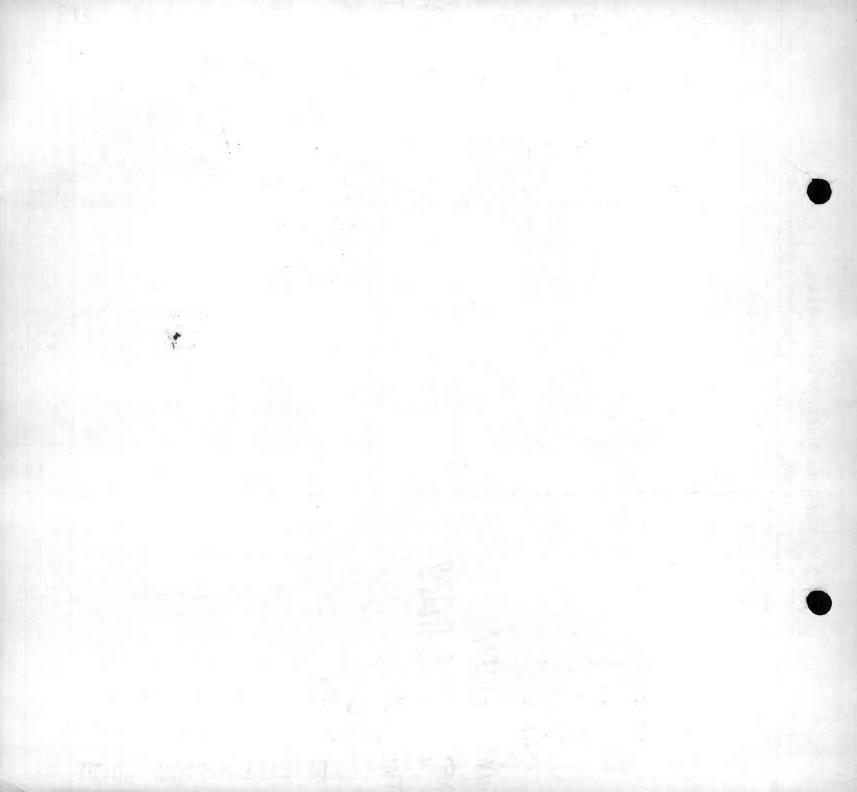
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81	7-630)	71-12128	1 721	4			F DEATH	REG. NO	). <u>74</u>	7214	- Y
1.	NAME OF DEC	Baby	b-on 1	- and			2. DATE	AND HOUR OF DE			
3.	FLACE IN BAL	TIMORE MARYLA	NO. WHERE PR	ONOUNCED E	DEAD	I A. USU	AL RESIDENCE (W	7 - 21 - 7		3.05	A-M
F	ULL NAME OF IOSPITAL OR ISTITUTION	(IF NOT IN	HOSPITAL OR IN		š	Ha	OR TOWN	JN 11	INSIDE CITY	27	odmis sign)
7	Sinai H	opital of	baltim na	-, Inc.			BALTO: ET AND NUMBER 800 BUM	1-t- A-	YES [		
5.	SEX	6. RACE	J7			1	800 Bu		- # 2	21217	
	male	Nepro.	WIDO		DIVORCED T	7	-20-71	9. AGE (In years lost birthdoy)	Month	Doys Hours	er 24 Hrs. Min.
	A. USUAL OCCU	JPATION (G)ve kind working lite, even if a	of work 10B, KINI	OF BUSINES	S OR INDUSTRY		nai tomit	•	12. CI	TIZEN OF WHAT	COUNTRY
13.	FATHER'S NAM	ME O I	Leon	Ford	( .		HER'S MAIDIN N				
		-66915	Me (1)			Wet	ie Hanni	ble			
15. (Ye	. Wos Decoased es, no or unknown)	Ever in U. S. Am (If yes, give wer	ned Forces? or dates al servi	ce) 1 6. SOCI	JRITY NO.	17. INFO	RMANT			ADDRESS	
-	18. // //	クソー		CA	USE OF DEAT	H				APPROXIMATE I	NTERVAL
	DISEAS	E OR CONDITIO	ON DIRECTLY							BETWEEN ONSET	ND DEATH
		LEADING TO D			IMMEDIATE CA	USF	Immatu	rity		سريا ہے	
	IThis does n	of mean the mo asthenia, etc. It	de of dying,	e.g.,	DUE TO, OR AS		PUENCE OF:			S	
	injuly of cam	plication which o	oused death.l	030,							
	l A	ANTECEDENT CA	AUSES	(n						ľ	
		R CONDITIONS		ring (B	DUE TO, OR AS	A CONS	QUENCE OF:	****	*************		
	UNDERLYING	obove cause	IAI stating	ine							
HON		11		10	)		***************************************				
Z		CANT CONDITIÓN	IS CONTRIBUTII	NG							
	TO THE DEATH	H BUT NOT RELATE	D TO THE TERMIN	IAL							
RTIFICA	19A. DATE OF	OPERATION 1198		OR WHICH O	PERATION	20A.	AUTOPSY? (Yos or )	10) 20B. IF YES, W	CAUSES OF	S CONSIDERED DE ATH?	
CAL CERT	DEATH (notify	TING CAUSE O medical examiner	ING	21 B. PLACE O hame, farm, I elc.)	F INJURY (e.g., i lactory, street, o	in ar obout lince bldg.,	21C. WHERE DID INJURY OCCUR?	(If In Bol	timare Cily, gl	ve exact location)	
ED	OF INJURY	(Manth) (Doy)	(Yeor) (Haur)	21E INJURY			21F. HOW DID IN	JURY OCCUR?			
MEDI	(APPROX.)			While At Wark	Not While At Work						
	22. I certify	that (I) (this ha	<del>spital</del> ) attende	d the decea	sed from	7 -	- 20	.19 7 1 to	7 -	-21- 19	71
	that (I) (wa)	lost sow the de	ceased alive	on	7 -			hat In(my) <del>(our)</del>	-opinian dec		
	and haur ond		s stated above	. (I) (₩ <del>-</del> ) (d	ld) (dld nat) v	riew the	body after death	•	Jan 2 6 7		
		Wa Hora as	skul		Atte	anding 🗀	Med.	Staff Phys.		-LI-71	
	23 C. PHYSICIAI				DEGREE Phy	23P. ADD	Director L				
24	Sons		TTAN AS	1 KUL	DEGREE	NAT	the way	and of M	IARYL	AND	
	REMOVAL (S	AATION, 248. DA		NAME of C	EMETERY of GR	UHNS	HOPKIN	SCAMEDIC	AL 'S	CHOOL	(Stote)
25.	A. DATE REC'D	BY HEALTH DEPT.	25B. NAA	AE OF REGISTI	RAR	25C.	UNERAL DIRECTO			ADDRESS	
	AUG 2		Best E. Fa		000	20	ORTOAR	Y SERVI	CE _	BCHB	
VS	150-REV, 1/1/6	В									

Beaufort ave

1		BALTIMORE CITY	HEALTH DEPARTMENT	/	74 MO45 S
1-0%	36, 71, 721	CERTIFICA	TE OF DEATH	REG. NO	11 7213
BIRTH NO.	F DECEASED			ND HOUR OF DEATH	
(Type or Prin		ortus		02 -71	1110 A.
3. PLACE II	N BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD		re deceased lived. If	institution: residence before admission)
FULL NAM	OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	mary land	i.	SIDE CITY LIMITS?
1431110110		As t	Balto		YES NO
12	Sina Hoop of B	altimore, Inc	E. STREET AND NUMBER		
			3113 22006	KAND	2005
SEX	- 1 1	RRIED NEVER MARRIED DIVORCED DIVORCED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	OCCUPATION (Give kind of work 108. KII	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
one during r	most of working lile, even if retired)		Sinai Hospi		<b>5</b>
3. FATHER	'S NAME		14. MOTHER'S MAIDEN NA		
	William		Valarie Fo	ortu	
S. Was Ded Yes, no or ur	ceased Ever in U. S. Armed Forces? nknown) (If yes, give wor or dates of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
110 00		CAUSE OF DEAT			APPROXIMATE INTERVAL
18. 7	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT			BETWEEN ONSET AND DEATH
	LEADING TO DEATH	A DAMEDIATE CAL	ISE Immature	h	son mile.
	does not meen the made of dying,		A CONSEQUENCE OF:		
	ailure, asthenia, etc. It means the dis or complication which caused death.)				
	ANTECEDENT CAUSES				
DISEAS	SES OR CONDITIONS, if ony,	giving DUE TO, OR AS	A CONSEQUENCE OF:		
rise I	to the obove couse (A) stoling	The			10000
UNDE		(C)			
O OTHER S	II SIGNIFICANT CONDITIONS CONTRIBU	TING			
E I IO IHE	E DEATH BUT NOT RELATED TO THE TERM E OR CONDITION GIVEN IN PART 1 (A).		••••••		
	ATE OF OPERATION 198. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. AC	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(II in Bollime	ore City, give exoct location)
	(notify medical examiner)	etc.)	mee biogs, into an o cook.		
21 D. TIA		21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJ		While At Work Not While Work At Work			
22 1	and all and all tables to a startly assess			10 . ===	= 12- 10 71
	ertify that (1) (this haspital) atten	1	1	19ta	17
that (I)	) (we) lost saw the deceased olive	e on	ond th	at in (my) (our) of	pinian deoth occurred on the date
	our and from the couses stated abo	ove. (1) (We) (did) (did not)	riew the body ofter deoth.		
23A. SIC	SNATURE	1 1 11 2			23B. DATE SIGNED
	tomsony Wattan	realul MD Att	nding Med. Director	Staff Phys.	7-12-71
23 C. PH	YSICIAN'S AME (Type)		23D. ADDRESS	DA OF M	LEVLAND
44 811011		TTANASA KUL DEGREE	NATUMVIBUA	NU UP 91	ARTEAND
REMO	L CREMATION, 24B. DATE VAL (Specify)	AC. NAME of CEMETERY or CR	ONNS HOPKIN	S MEDIC	AL SCHOOL (State)
SA PATE	REC'D BY HEALTH DEPT - 258 N	AAAE OF REGISTRAR	25C. FUNERAL DIRECTOR	(	ADDRESS
AUG	4 MI Valent Et 40	10 0 0 C	MORTUARI	SERVIC	E BCHD
/S 150-REV	. 1/1/68				



BALTIMORE CITY HEALTH DEPARTMENT

71 7217 BIRTH NO.	MEDICAL	EXAMINER'S	CERTIFICATE C	F DEAT	H REG. NO.1	7217
t. NAME OF DECEASED	ALTER 🗱 E	ISHER	2. DATE Known X OF DEATH Estimated		Doy 25 10	Yeor Hour
4. PLACE IN BALTIMORE, MARY FULL NAME OF (IF NOT II		RONOUNCED DEAD	3. DATE PRONOUNCED DEAD	Month July	Day	Year Hour 9.15 A. M
PRIMIT	Hospital	ENDEDA,	5. USUAL RESIDENCE (WA. STATE Maryla	here deceosed !	B. COUNTY	esidence before admission)
Male Negro	WIDOV		C. CITY OR TOWN Baltim		D. INSIDE CITY YES	32"
June 2, 1907	D. AGE (In years ast birthday)	H Under 1 Yr. II Under 24 Hrs. Manths Days Hours Min.	E. STREET AND NUMBER	Lanvale		
Mt. Ararat Mary	land	12. CITIZEN OF WHAT COUNTRY?	Jevy Fisher	/////		
AAUSUAL OCCUPATION (Give kind done during most of working life, even Retired	100	of Business or Industry	Mattie High	NAME Thom	nas	
(Yes, no or unknown) (II yes, give wor			18. INFORMANT Elenora Fish	er, 190		vale St.
DISEASE OR CONDITION  LEADING TO D  (This does not meen the man heart foilure, osthenia, etc. it injury or complication which of the condition which conditions are conditions of the condition which conditions are conditions.)	EATH ode of dying, e.g., meons the disease, caused death.)	(A)IMMEDIATE C DUE TO, OR A	erotic cardiov  AUSE US A CONSEQUENCE OF:  AS A CONSEQUENCE OF:	ascular	disease	
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RE DISEASE OR CONDITION  20A. DATE OF OPERATION	TIONS CONTRIBUTED TO THE TERM	TING UNAL	G REDCORATE			1. AUTOPSY? (Yes or No)
						No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 22D. TIME (Month) (Doy (APPROX.)			22F. HOW DID			ocatian)
actual	ural causes v	Accident Suicid	CHIEF MEDICA  ASSISTANT MEDICA  ASSOCIATE MEDICA	Undetermi AL EXAMINER AL EXAMINER		DATE SIGNED  25, 1971
DEMOVAL (Specific)	/28/71	Western Star		Baltimor	(City, town, or	
25A. DATE REC'D BY HEALTH DEL AUG 2 197		LABER M.D.	25C. FUNERAL DIRE Kenneth			RESS k Heights Ave
VS 151-REV. 1/1/68	1	7	1663	7		

11/3/71 - Marriage record.

TOTAL CONTRACTOR

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## BALTIMORE CITY HEALTH DEPARTMENT

7	1 7218 ME	DICAL	EXAMINER'S		OF DEA	TH REG. NO	1 7218	
	NAME OF DECEASED			2. DATE Known	☐ Month	Day	Year Haur	
Ľ	EU	GENE 1		DEATH Estimate	d 🗆			N
FL	OSPITAL ADDRESS OR LOC	TAL OR INS	TITUTION, GIVE STREET	3. DATE PRONOUNCED DEA	AD 7	25	1971 4:53p	N
OI	R INSTITUTION			A. STATE	(Where deceased	lived, If institution: B. COUNTY	residence before admission	)
6.	Provident Hospi		IED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	TY LIMITS?	
	male negro	WIDOV		Balto.		YE	s No 🗆	
	DATE OF BIRTH 10. AGE los highle	(In years	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUME 2120 Callow				
E	BIRTHPLACE (Stote or foreign country) Baltimore, Marylan	d	12. CITIZEN OF UWHAT COUNTRY?	13. FATHER'S NAME		Turner		ì
qa	A.USUAL OCCUPATION (Give kind of wor ne during most of working life, even if retired songshoreman							
	. WAS DECEASED EVER IN U.S. ARMI es, na ar unknown) (If yes, give war ar dote No •		17. SOCIAL 21SECURITY NO386	18. INFORMANT Eugene Turi	ner,2801	W. Nort	h Ave.	
Z	DISEASE OR CONDITION DIR LEADING TO DEATH  (This does not mean the mode of a heart failure, asthenia, etc. It means the injury or complication which coused de  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	dying, e.g., ne diseose, eoth.) NY, GIVING ATING THE	(B)	ntracerebral		.ge	APPROXIMATE INTERV	
FRTIFICATION	OTHER SIGNIFICANT CONDITIONS ( TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN	O THE TERM	INAL		00 A A A & B A & B & B & B A A A A A A A A			
		NOITION	FOR WHICH OPERATION WA	AS PERFORMED			21. AUTOPSY? (Yes or N.	0)
0						MIN ST	yes	
FDICA	22A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		228. PLACE OF INJURY(e.g., home, farm, factory, street, office	in or about 22C. WHERE bldg., etc.)	DID (If in Baltim CUR?	are City, give exo	ct locotian)	
2	OF INJURY (APPROX.)	ar) (Hou	WHILE AT NOT	WHILE 22F. HOW D	ID INJURY OC	CUR?		
	ACTUAL SIGNATURE	ON A		Homicide CHIEF MED ASSISTANT MED ASSOCIATE MED Or CREMATORY	Undeterm ICAL EXAMINER ICAL EXAMINER ICAL EXAMINER	7/2	DATE SIGNED 26/71 , ar county) (State)	
	AUG 2 1971	25B. N	E. Jaber, M.D.	25C. FUNERAL D	IRECTOR	Al	DDRESS Heights Ave.	
VS	5 151-REV. 1/1/6B	5	1 1 13 11	11 61 6 1	1			1

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71 7 BIRTH NO.	219	MEDICAL	L EXAMINER'S	CERTIFICATE	OF DEAT	H REG. NO.	71 7	219
1. NAME OF DEC		ph Paul Ro	ss	2. DATE Known OF DEATH Estimo	Month ted 7	Day 15	Year 71	Hnur 11:13 a <sub>M</sub> .
4. PLACE IN BAL'	TIMORE, MAI	RYLAND, WHERE P	RONOUNCED DEAD	3. DATE PRONOUNCED D	Month	Doy 15	Year 71	Hour 11:13 a
OR INSTITUTION		dent Hospi		S. USUAL RESIDENCE A. STATE Md.	(Where deceased li	ved. If Institution	n: residence b	etore odmission)
6. SEX male	7.RACE Whit	e 8. MARI	RIED NEVER MARRIED	C. CITY OR TOWN Balto.		D. INSIDE C	Y	No 🗆
9. DATE OF BIRTH 3-25-1900		10. AGE (In years lasty Thdoy)	If Under 1 Yr. II Under 24 Hrs. Months 5 Days 5 Hours Min.	E. STREET AND NUM	ABER ne Avenue		23 [	NO L
II. BIRTHPLACE (S	tate or foreign	country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME				
done during most of w	PATION (Give orking lile, eve	kind of work 148. KINE n if retired)	OF BUSINESS OR INDUSTR	15. MOTHER'S MAID	EN NAME			
14. WAS DECEASE	D EVER IN L	S. ARMED FORCE	17. SOCIAL O ISECURITY NO.	Pearl Cole	, 4041 Li		DDRESS leights	s Ave.
heart follure, thiury or com  AN  DISEASES ORISE TO THE UNDERLYIN  OTHER SIGNAL	asthenia, étc. plication which ITECEDENT C OR CONDITIO ABOVE CAU IG CONDITIO	NS, IF ANY, GIVING SE (A) STATING THE DN LAST.	(B) DUE TO, OR	AS A CONSEQUENCE OF				
DISEASE OR	COMPINON	SIVEN IN PAKE I (A)	FOR WHICH OPERATION W	AS PERFORMED			21. AUTOF	SY? (Yes or No)
22A. EXTERN UNDERLYING UNDERLYING CAL 22D. TIME (OF INJURY (APPROX.)  23.	JSE OF DEAT Month) (Do 7 1  fy that I he	y) (Year) (How 5 71 11 a	Inspection At	TWHILE Subjectopsy	ct was stn	uck by d	car.	
ACTUAL SIGNATU EXAMINE NAME (Ty	RE Z	ter Lipkov	Accident XX Suick  WML  ic, M.D.	CHIEF MEI	Undeterminional Examiner DICAL EXAMINER DICAL EXAMINER DICAL EXAMINER	ned manner [ □ ★ X		DATE SIGNED
24A. BURIAL CREM	ATION. 24	B. DATE 7/30/7	24C. NAME of CEMETERY Arlington		240, LOCATION	(City, town	, or county)	(Stote)
25A. DATE REC'D	S & K	258. N 71 Valent	AME OF REGISTRAR E. Jaben, M.D.	25C. FUNERAL		A	DDRESS	Ave.
VS 151.PEV 3/1/AR								

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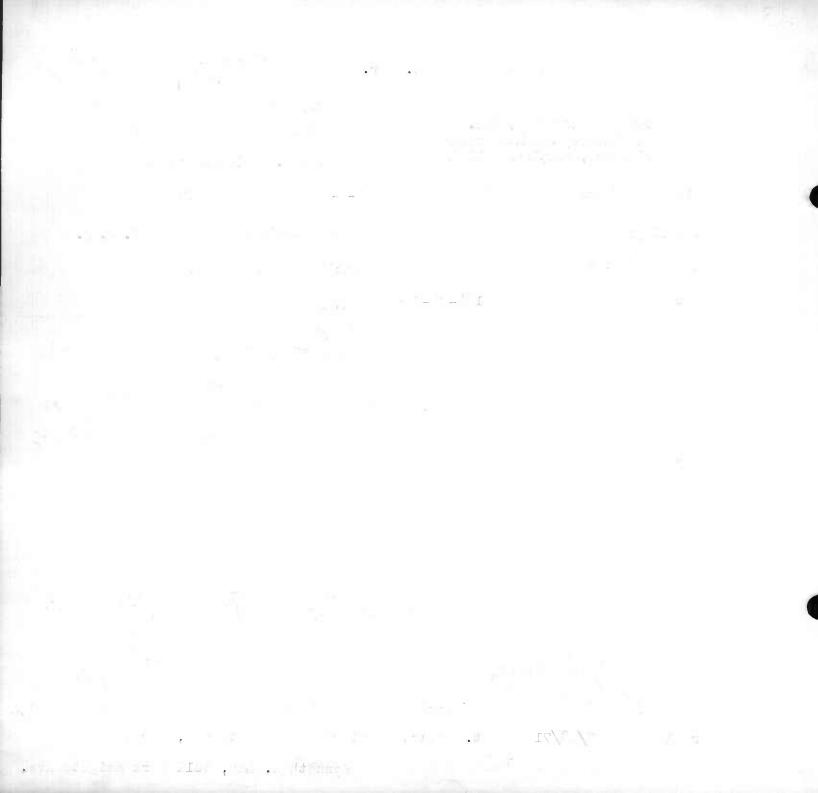
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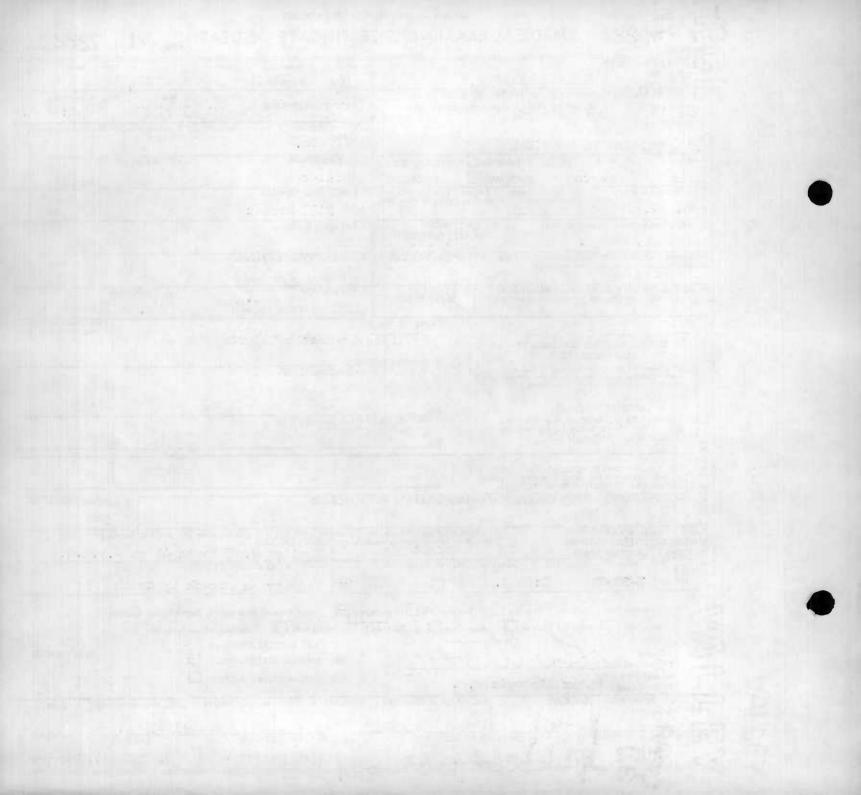
the state of the s AND A ST A CONTRACTOR AND AND REAL PROPERTY.

4	t 23 I	BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  REG. NO. 71 7221
1	and eath ased the the	BIRTH NO.
	many and are	1. NAME OF DECEASED (Type or Print) WILLIAM A CSTON A ST. 2. DATE AND HOUR OF DEATH & 20
	at e	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before offmission)  A. STATE  B. COUNTY
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION PROVIDENCE TO THE PROVIDENCE OF
	2020	Baltimore YES X NO
	ting d cau r att prior	2600 Liberty Heights Avenue Baltimore, Maryland 21215  E. STREET AND NUMBER
	ribut minec gular sed p	1334 N. Appleton Street
	n occurre contribut termined regular ceased p	Male Negro WIDOWED DIVORCED 6-5-89 Nosi Divindoy 82 Months Days Hours Min.
	th collete	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stota or foreign cauntry)  12. CITIZEN OF WHAT COUNTRY
	ded Ord Und us i	Unemployed North Carolina U. S. A.
_	if death rect or c (4) Undet was in the dec	William Alaton
Z	di the	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INSORMANT
RTA	유투자교수는	No No SELF
IMPORTA	s a if if any any and and or	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
3	2000	LEADING TO DEATH
ä	par par	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  (B) Dishetes mollibary translation of the control of th
CTOR:		ANTECEDENT CAUSES (B) Pirhetes mollita you consolence (1904)
ZEC	3) A	diseases OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRE	ical rs; ( ciar as i	UNDERLYING CONDITION lost (c) Renal Insufficiency 2-3 mas
UNERAL	medical medical burns; (; physician an was ii	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
NE	chief Car Body the ysici e the	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),  1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED  1994. ACCIDENT WAS UNDERLYING 1 218 PLACE OF INJURY 10 2 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
7	tal by 7: (2) B here t do phy before	On CONTRIBUTION OF CAUCA CONTRIBUTION OF CITY, give exect (acction)
	ature; pt who (6) No ned be	DEATH (natify medical examined lead)  21D-TIME (Month) (Day) (Year (Houd) 21E INJURY OCCUR?  White As a Willia Mark (Month) (Day) (Year (Houd) 21E INJURY OCCUR?
_	rove cce nd nd	(APPROX.) Work At Work
	e ch	22. I certify that (1) (this haspital) attended the deceased fram 1971 that (1) (we) last saw the deceased alive on 7/24 19 11 and that in (my) (aur) opinion death accurred on the date
	sed to ant of spital eath)	and haur and from the causes stated above. (1) (We) (did) (did not) view the baby ofter death.
	dent o dent o despita death must b	23A, SIGNATURE 14'0 A AND IT TO A SIGNED
	E S C C C	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS  Attending Med. Staff Director Director Phys. Director Direc
	y was ry was ry was ry y was ry y an a y at a prior approv	NAME (TYPE) LITTLE COLON DENC 7200 EN . MALE MALE MALE
	certification years (1) An D.O.A. at assed priore ten appro	24A. BURIAL CREMATION, 188 DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, by county) (Stole)
	the body shows: ( was D.O decease	Burial 7/28/71 Mt. Auburn Cemetery Baltimore, Maryland
	This the show was dece	AUG 2 1971 USG & L. Nauber, M. 250. FUNERAL DIRECTOR ADDRESS  AUG 2 1971 USG & L. Nauber, M. 200 C. Funeral Director  Kenneth H. Law, 4611 Park Heights Ave.
		V\$ 150-REV-441/68



## BALTIMORE CITY HEALTH DEPARTMENT

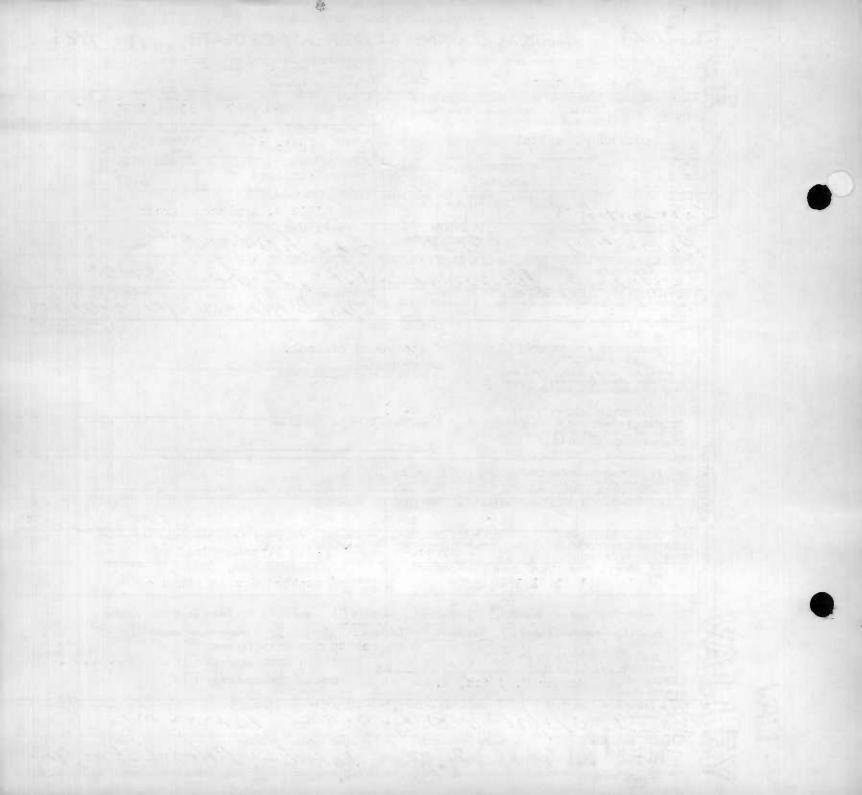
NAME OF DECEASED   CURTIS   HINES   2 DATE   Recent   Manik   Day   Year   Hour   Manik   Dev   Year   Hour   Year   Hour   Manik   Dev   Ye	BI	1 72 RTH NO.	22	MED	ICAI	L EX	XAMINER'S			OF	DEAT	H REG. NO.	1 '	7222
EPLACE IN BARIMORE, MARYLAND, WHERE PRONQUINCED DEAD HOSPIAL HILL HAMBOR OF PORT HILL HOSPIAL OR HISTHUTON, GIVE STREET HOSPIAL LINIVERSITY HOSPITAL LINIVER	1.	NAME OF DE		RTIS	HINES	<del>==</del>		OF			Month	Doy	Year	Hnur
FRUI MAME OF MOTIFM HOSPITAL BORDESS OF INDUSTRY HOSPITAL  NUNIVERSITY HOSPITAL  A SEX	4.	PLACE IN BAI					DUNCED DEAD				Month	Day	Yeor	Haur
UNIVERSITY HOSPITAL  SAAE  A SEX    A RACE   A MARRIED   NEVER MARRIED   DRONGED   C. CITY OR TOWN   Chester   Ves   No   DRONGED   Ves   No   DRONGED   DRONGED   No   DRO	HC	SPITAL	(IF NO	OT IN HOSPITA	AL OR INS	ודטזונ	ON, GIVE STREET					30,197	1	N
Male Negro WINDWED DYNOXCED Chester YES NO DIA DATE OF DRIN 10. AGE (nyear) and 14, 1943   10. AGE (nyear) and 15, AGE (nyear		50	VERSITY	HOSPI	TAL					(Where	deceased li		: residence	before admission)
9. DATE OF DIRTH  Jan. 14, 1943  14, 1943  15 Instrict Print (representation of the print)  Chester, Penna.  12. CITIZEN OF  WHATCOUNTRY  Chester, Penna.  12. CITIZEN OF  WHATCOUNTRY  Instrict Print (Chester)  Chester, Penna.  14. LUSUAL OCCUPATION (Give kind of well Pak. KiNN OF BUSINESS OR INDUSTRY IS.  MOTHER'S MAME  Charles Cobbs	6.	SEX	7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY	OR TOWN			D. INSIDE CI	TY LIMITS?	
9. DATE OF BIRTH  Jan. 14, 1943  Jan. 1943  Jan. 1944  Jan. 1943  Jan. 1943  Jan. 1944  Jan. 1943  Jan. 1944  Jan. 1943  Jan. 1944  Jan. 1943  Jan. 1943  Jan. 1944  Jan. 1943  Jan. 1944  Jan. 1943  Jan. 1944  Jan. 1943  Jan. 1943  Jan. 1944  Jan. 1943  Jan. 1944  Jan. 1943  Jan. 1943  Jan. 1944  Jan. 1943  Jan. 1944  Jan. 1943  Jan. 1944  Jan. 1943  Jan. 1944  Ja				0	WIDON	NED [	DIVORCED [	Che	ster			YE	s 🗆	No 🗆
11. BRITHELACE (Stoke or foreign country)   12. CITZEN OF WHATCOLAN   13. FATHER'S NAME Charles Cobbs						# Un Mont	der 1 Yr. If Under 24 Hrs. hs Days Hours Min.			717				
IAJUSIAL OCCUPATION (Give indictives)   IAK KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME (about overling like, even if reliared)   IAJUST   IAJUS				gn country)										
IAJUSIAL OCCUPATION (Give indictives)   IAK KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME (about overling like, even if reliared)   IAJUST   IAJUS		Chester,	Penna	•		W	AHAT CONVIEWS	Cha	arles Co	obbs				
Ladote:    Name of the period	144	USUAL OCCU	PATION (GI	ve kind of work	14B. KINI			Y 15. MOT	HER'S MAIDE	N NA	ME		~	
Vision of the politic politi	don	Laborer	vorking life, e	ven irrelired)				Ka	therine	е На	11			
William Harris - Chester, Pal  CAUSE OF DEATH  Multiple traumatic injuries  (A)IMMEDIATE CAUSE (A)IMMEDIATE	16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5?		18. INFO	RMANT			AD	DRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (this does not meen the mode of dying, e.g., heart follure, eitherhold, etc.) meens the disease, heart follure, eitherhold, etc.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, is ANY, GIVING RISE TO THE HABOYE CAUSE (A) STAINING THE UNDERLYING CONDITION LAST.  (c)  OTHER SIGNIFICANT CONDITION 258. CONDITION FOR WHICH OPERATION WAS PERFORMED  222. EXTERNAL CAUSE WAS LUNDERLYING GOVERN PART 1 (A).  223. DATE OF OPERATION 258. CONDITION FOR WHICH OPERATION WAS PERFORMED  224. EXTERNAL CAUSE WAS LUNDERLYING GOVERN PART 1 (A).  225. PLACE OF INJURY (a.g., in or about 1 (A) and the properties of the bidge, etc.) INJURY OCCUR?  226. LUNDERLYING GOR CONTRIB.  227. TIME (Month) (Day) (Yest) (Hour) (Hou	(4.6	NO OF UNKNOWN	(it yes, give	war or dotes	of service	)	SECURITY NO.	Willi	lam Hari	ris .	- Ches	ter. Pal		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliure, orthering, etc. it meens the disease, injury or compilation within coused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, F ANN, GIVING RISE TO THE ABOVE CAUSE (A) STAINING THE UNDERLYING CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF INJURY (e.g., in or obout 22C, WHERE DID (# in Boilimore City, give exact localion)  YES  222A. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH.  222B. PLACE OF INJURY (e.g., in or obout 22C, WHERE DID (# in Boilimore City, give exact localion)  YES  222D. TIME (Month) (Dov) (Yeor) (Hour) OF INJURY (APPROX.) 7-30-71 2:00 A m., WORK A m.)  NOT Welle  ACTUAL  SIGNATURE  EXAMINER:  ACCIDANT  ACTUAL  SIGNATURE  EXAMINER:  NAME (Type) Peter Lipkovic, M. D.  ASSISTANT MEDICAL EXAMINER A ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  THE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  THOM IN THE TRANSPORT AND THE SIGN TO TH		19.	1111	7			CAUSE OF DEA					, , , , , , , , , , , , , , , , , , , ,		
LEADING TO DEATH   Children   C		DICEAC	E OR CONI	TION DIRE	PTI V		Multip	le tra	umatic	inju	ries		BETY	VEEN ONSET AND DEAT
This does not meen file mode of dying, e.g., heart follows, otherited, etc. it meons the disease, injury or complication which covered death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  220A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  221. AUTOPSY? (Yes or No.) Yes UNDERLYING GOOD CONTRIB.  UNDERLYING GOOD CAUSE OF DEATH.  STREET  222. THAT CAUSE WAS UNDERLY STREET, office bldg., etc.) INJURY OCCUR?  222. THAT CAUSE WAS UNDERLY STREET, office bldg., etc.) INJURY OCCUR?  223. THE Month (Day) (Year) (Hour) 22E, INJURY OCCURED.  OF INJURY (APPROX.) 7-30-71 2:00 A m., WHILE AT WORK A WORK Pedestrian struck by truck  233.					CILI									
Injury or complication which coursed death.)   ANTECEDENT CAUSES   ANTECEDENT CAUSES     DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)     OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).     DISEASE OR CONDITION OF ONE NAME OF PART 1 (A).     DISEASE OR CONDITION OF ONE NAME OF PART 1 (A).     DISEASE OR CONDITION OF ONE NAME OF PART 1 (A).     DISEASE OR CONDITION OF ONE NAME OF PART 1 (A).     DISEASE OR CONDITION OF ONE NAME OF PART 1 (A).     DISEASE OR CONDITION OF ONE NAME OF PART 1 (A).     DISEASE OR CONDITION OF ONE NAME OF ONE NAME (No part 1) (A).     DISEASE OR CONDITION OF ONE NAME (No part 1) (A).     DISEASE OR CONDITION OF NAME (No part 1) (A).     DISEA		(This does n	ot meon the	mode of dy	Ing, e.g.,				EQUENCE OF					
DISEASES OR CONDITIONS, # ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. DATE OF OPERATION 22B. PLACE OF INJURY(e.g., in or obout INJURY OCCUR?  22L. AUTOPSY? (Yes or No) yes  22L. EXTERNAL CAUSE WAS UNDERLYING SIO OR CONTRIBL UTING CAUSE OF DEATH. STORE CE  22D. TIME (Month) (Day) (Yeor) (Hour) (Yeor) (Hour) (APPROX.) 7-30-71 2:00 A m. WHILE AT MONK (APPROX.) 7-30-71 2:00 A m. WONK  23.  1 certify that I held on Inquiry Inspection Autopsy SI and that on this basis, death in my opinion resulted from: Natural causes Accident SIGNATURE SIGNA		Injury or cor	nplication wh	c. It means me Ich coused dec	th.)									
DISEASES OR CONDITIONS, # ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. DATE OF OPERATION 22B. PLACE OF INJURY(e.g., in or obout INJURY OCCUR?  22L. AUTOPSY? (Yes or No) yes  22L. EXTERNAL CAUSE WAS UNDERLYING SIO OR CONTRIBL UTING CAUSE OF DEATH. STORE CE  22D. TIME (Month) (Day) (Yeor) (Hour) (Yeor) (Hour) (APPROX.) 7-30-71 2:00 A m. WHILE AT MONK (APPROX.) 7-30-71 2:00 A m. WONK  23.  1 certify that I held on Inquiry Inspection Autopsy SI and that on this basis, death in my opinion resulted from: Natural causes Accident SIGNATURE SIGNA		À	NITECEDENIT	CALICEC										
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PERFORMED   21. AUTOPSY? (Yes or No) yes    22A. EXTERNAL CAUSE WAS   UNDERLYING CONTRIB.   10. Or obout   22C, WHERE DID (If in Bollimore City, give exact location)   yes    22A. EXTERNAL CAUSE WAS   UNDERLYING CONTRIB.   10. Or obout   22C, WHERE DID (If in Bollimore City, give exact location)   yes    22A. EXTERNAL CAUSE WAS   10. Or obout   22C, WHERE DID (If in Bollimore City, give exact location)   yes    22A. EXTERNAL CAUSE WAS   10. Or obout   22C, WHERE DID (If in Bollimore City, give exact location)   yes    22A. DATE OF OPERATION   20B. PLACE OF INJURY OCCUR?   2 miles N. of Route 43 on J. F. K. E.    22B. PLACE OF INJURY OCCUR?   2 miles N. of Route 43 on J. F. K. E.    22C. TIME (Month) (Dov) (Yeor) (Hour)   22E, INJURY OCCURRED   20T. HOW DID INJURY OCCUR?    22B. HOW DID INJURY OCCUR?   Pedestrian struck by truck    22C. HOW DID INJURY OCCUR?   Pedestrian struck by truck    22C. HOW DID INJURY OCCUR?   Pedestrian struck by truck    22D. HOW DID INJURY OCCUR?   Pedestrian struck by truck    22D. HOW DID INJURY OCCUR?   Pedestrian struck by truck    22D. HOW DID INJURY OCCUR?   Pedestrian struck by truck    22D. HOW DID INJURY OCCUR?   Pedestrian struck by truck    22D. HOW DID INJURY OCCUR?   Pedestrian struck by truck    22D. HOW DID INJURY OCCUR?   Pedestrian struck by truck    22D. HOW DID INJURY OCCUR?   Pedestrian struck by truck    22D. HOW DID INJURY OCCUR?   Pedestrian struck by truck    22D. HOW DID INJURY OCCUR?   Pedestrian struck by truck    22D. HOW DID INJURY OCCUR?   Pedestrian struck by truck    22D. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS					GIVING		DUE TO, OR	AS A CON	SEQUENCE O	Fi				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE REMINAL DISEASE OR CONDITION FOR IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS present to control of the part of the present to control of the part of the present to control of the present		RISE TO THE	E ABOVE CA	USE (A) STAT	ING THE									
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UNDERLYING GOR CONTRIB. UTING CAUSE OF DEATH.   22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (if in Ballimore City, give exact location)   22D. Time (Month) (Day) (Year) (Hour)   22E. INJURY OCCURRED OF INJURY (APPROX.) 7-30-71   2:00 A.m.   WHILE AT WORK   NOT WHILE AT WORK   Pedestrian struck by truck	2			TOTT SHOTE			(C)							
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UNDERLYING GOR CONTRIB. UTING CAUSE OF DEATH.   22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (if in Ballimore City, give exact location)   22D. Time (Month) (Day) (Year) (Hour)   22E. INJURY OCCURRED OF INJURY (APPROX.) 7-30-71   2:00 A.m.   WHILE AT WORK   NOT WHILE AT WORK   Pedestrian struck by truck	FICAT	I IO THE DEA	ATH BUT NO	NDITIONS CO	THE TERM	UNAL								
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UNDERLYING GOR CONTRIB. UTING CAUSE OF DEATH.   22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (if in Ballimore City, give exact location)   22D. Time (Month) (Day) (Year) (Hour)   22E. INJURY OCCURRED OF INJURY (APPROX.) 7-30-71   2:00 A.m.   WHILE AT WORK   NOT WHILE AT WORK   Pedestrian struck by truck	RT						WHICH OPERATION W	AS PERFO	RMFD				21 AUTO	DEVO (Yes or No)
UNDERLYING CONTRIB.  UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY OCCUR?  OF INJURY (APPROX.) 7-30-71 2:00 A m. WHILE AT WORK Pedestrian struck by truck  23.  1 certify that I held on Inquiry Inspection Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	L CE	22											ye	
22D. TIME (Month) (Doy) (Year) (Hour)   22E.INJURY OCCURED   22F. HOWDID INJURY OCCUR?	DICA	UNDERLYING	図OR CON	TRIB-		22B.P.	LACE OF INJURY(e.g., form, loctory, street, office Street	in or abou a bidg., etc.	HIMUURY OC	CUR?				K E OC
CAPPROX.) 7-30-71   2:00 A m.   WHILE AT   NOT WHILE   Pedestrian struck by truck	Σ	22D. TIME	(Month) (I		) (Hou	r) 22	E.INJURY OCCURRED	3					11 0.1	
Certify that I held on Inquiry   Inspection   Autopsy   and that on this basis, death in my opinion resulted from: Notural couses   Accident   Suicide   Homicide   Undetermined monner   CHIEF MEDICAL EXAMINER   DATE SIGNED		(APPROX.) 7	-30-71	2:	00 A	m. W		WHILE X	Pedes	tria	n stru	ck by tr	uck	
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 7/30/71  24A. BURIAL CREMATION, Page 1/24C. NAME of CEMETERY or CREMATORY 1/24D. LOCATION (City, town, or county) (Stote)  Burial 8-3+71 Haven Memorial Feltonville, Page 1/25A. DATE REC'D BY HEALTH DEPT. 1/25B. NAME OF REGISTRAR 1/25C. FUNERAL DIRECTOR ADDRESS	-	1 cert						topsy 🗵	and the	t on th	is basis,	death in my	pinion	
ACTUAL SIGNATURE EXAMINER SIGNATURE DATE SIGNED  ASSISTANT MEDICAL EXAMINER 7/30/71  24A. BURIAL CREMATION, Page 1/24C. NAME of CEMETERY or CREMATORY 1/24D. LOCATION (City, town, or county) (Stote)  Burial 8-3+71 Haven Memorial Feltonville, Page 1/25A. DATE REC'D BY HEALTH DEPT. 1/25B. NAME OF REGISTRAR 1/25C. FUNERAL DIRECTOR ADDRESS		resul	ted from: h	lotural gou	ses Ly	Ac	cident 🗵 Suici	10	Homicide _	J	Indetermi	ned monner	]	
SIGNATURE EXAMINER SIGNATURE SIGNATU	6	ACTUAL	~	+1	1/0	1			CHIEF MED	ICAL E	XAMINER			DATE CICNED
NAME (Type) Peter Lipkovic, M.D.  24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  8-3-71  Haven Memorial  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS			URE	24	U	1	VILLE ME	. AS	SISTANT MET	DICAL E	XAMINER			DATE SIGNED
REMOVAL (Specify)  Burial  8-3+71  Haven Memorial  Feltonville, Pa.  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS		NAME (1	ype) Pe	ter Li	kovi	c,M	I.D.	AS	SOCIATE MED	OICAL E	XAMINER		7/30	/71
Burial 8-3+71 Haven Memorial Feltonville, Pa.  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS				248. DATE		240	NAME of CEMETERY	or CREMA	TORY	24D. 1	OCATION	(City, town,	or county	(Stote)
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS			"	8-3+71		H	aven Memoria	1			Feltor	nville	Pa	
AUG 2 1971 Robert E. Jaber No. William Harris - 2515 W. 2nd St., Chester,	25.	A. DATE REC'D	BY HEALTH					250	. FUNERAL D	DIRECTO	R	AD	DRESS	
		AU	G 2 1	971 R	Bert .	5.3	aber M.D.	Wi	lliam H	larri	is - 25	515 W. 21	nd St	Chester,



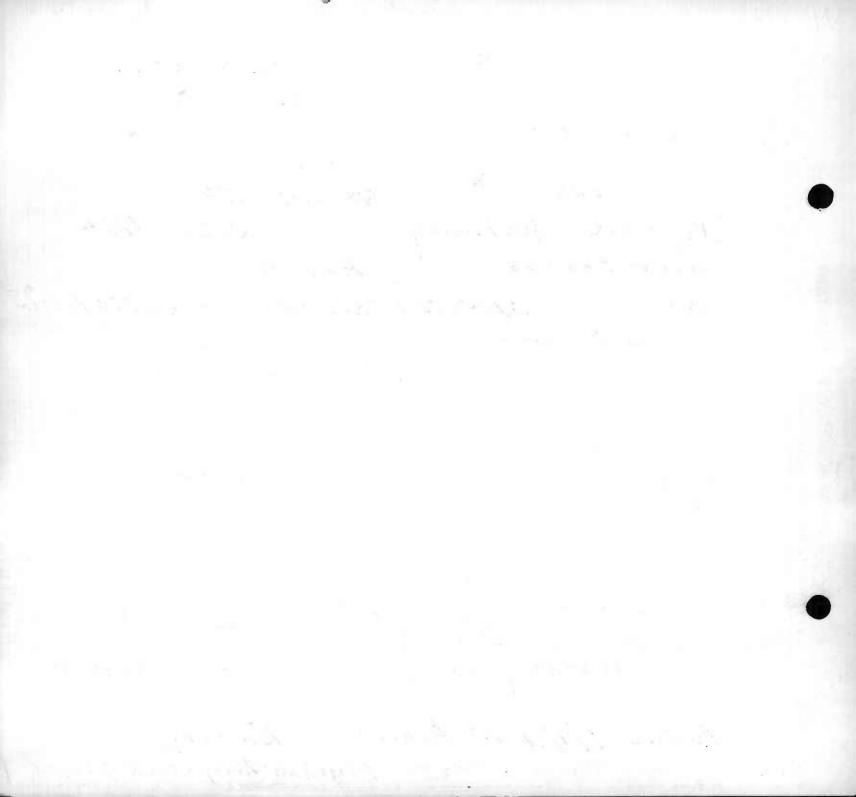
A 436 71 7923 BIRTH NO.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH,	REG

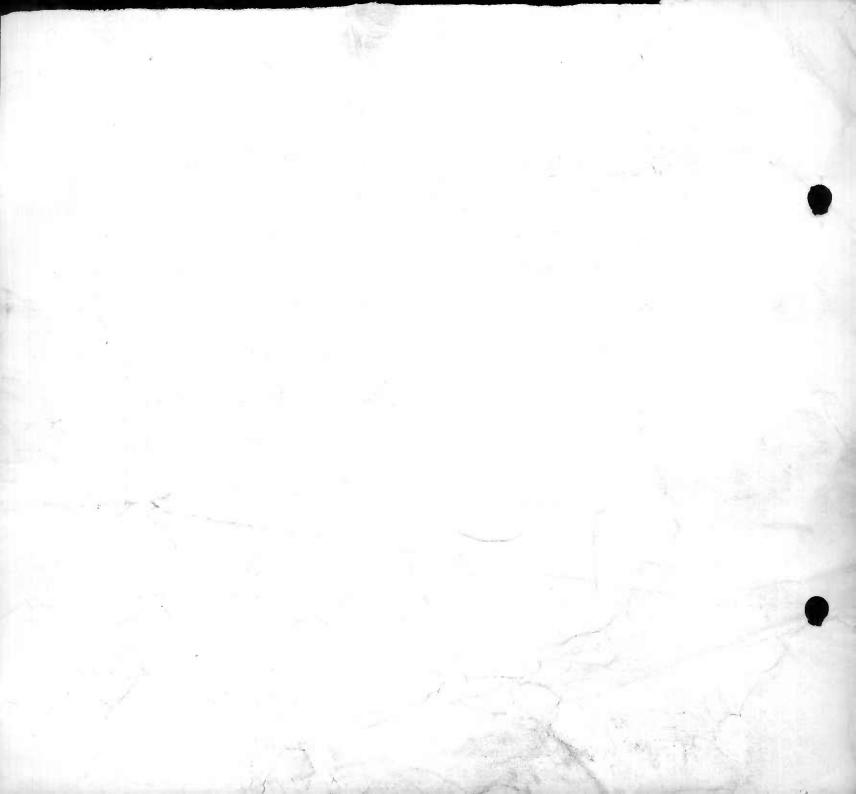
71 7223 MEDICAL EXAMINER'S (	CERTIFICATE OF DEATH REG. NO.71 7223
1. NAME OF DECEASED (Type or Print) Kenneth Alderman	2. DATE Known A Month Doy Yeor Hnur OF DEATH Estimoted A
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD 7 31 1971 1:32 A  S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
Lutheran Hospital  6. SEX 7. RACE   8. MARRIED   NEVER MARRIED	A. STATE Maryland B. COUNTY    C. CITY OR TOWN   D. INSIDE CITY LIMITS?
Male Colored WIDOWED ☐ DIVORCED ☐	Baltimore YES ⊠ NO □
9. DATE OF BIRTH  10. AGE (In yeors  If Under 1 Yr. If Under 24 Hrs.  Months: Doys Hours Min.	1012 N. Appleton Street
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF  VBAT COUNTRY?	13. FAMER'S NAME IDERMAN
14A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRED HOLD OF BUSINESS OR	15. MOTHER'S MAIDEN NAME JANRENCE
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, noter and the soft service)  17. SOCIAL SECURITY NO.	MARY B. ALDON MAN 1012NAPPLOTON
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follure, asthenia, eic. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ound of Back.
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 7 31 1971 1:20 WHILE AT WORK Suice Control of the properties of	work stabbed during altercation  utopsy and that on this basis, death in my opinion  de Homicide Undetermined manner  Deputy CHIEF MEDICAL EXAMINER  DATE SIGNED
NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specific)  25A. DATE REC'D BY HEALTH DEPT.  AUG 2 871 Page 8 E. Jacker & 2.	
VS 151-REV. 1/1768	



111 5201		BALTIMORE CITY HEALTH DEPARTMENT 71 7225
75 G 7 G	В	RTH NO. CERTIFICATE OF DEATH REG. NO.
of death Of death Deceased o on the	1.	NAME OF DECEASED  Womack Hattie  2. Date and Hour of Death
F o c c	1	
S 0 0	-11	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  A. STATE  B. COUNTY
a hos cause se; (5) andanc to dec	F	USE NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR
c 3	1/2	Lutheran Hospital of Maryland    C. City of fown Balto Md 21217   D. INSIDE CITY LIMITS?   YES   No
		E. STREET AND NUMBER
ar a de de	5.	SEX   6. RACE   N   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   12. AGE (in years   1/1 linder 2/4 No.
occurred ontributi ermined regular eased pr	N	F nonewhite WIDOWED DIVORCED DIVORCED DIVORCED Months Doys Hours Min.
上りましずこ	10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoto or (oreign country)  12. CITIZEN OF WHAT COUNTRY?
5 - P - P -		Domistic Portaminy J.C. USA
if de rect (4) Ur was the sposi	13	FATHER'S NAME
d; (4 dir		JIAN LANGE Emma
TAN istant he di kind; death ce on	15.	Was Deceased Ever in U. S. Armod Forces?  s, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS
assistant if the diiny kind; od death lance on r final di		NO 215-30-525 CHILERY WOMER SSSN FULTON
S S S S S S S S S S S S S S S S S S S		DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or hison Also attermed		LEADING TO DEATH
L . 5 6 . =	11	heort failure, asthenio, etc. it means the disease.
mine riner fract fract o pr		ANTECEDENT CAUSES
xam cami A fr who	H	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
2 000 -0		rise to the above couse (A) stoling the UNDERLYING CONDITION last. (C)
L DIR	1	
	NO L	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  Description  Descript
A De	<u>\S</u>	DISEASE OR CONDITION GIVEN IN PART 1 (A).  199A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 200A AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ニューロースの	CERTIFICATION	
== - = = =	₩ Z	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR?
	110	DEATH (notify medical examines) etc.)  21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED 21E HOW DID INJURY OCCURRED
60 p q 60 e c	MEDI	(APPROX.) While At   Not While
proved the hosen ny national except and (6		22. I certify that (I) (this hospital) attended the deceased from 204 30 197 ( to 30 19 10 10 10 10 10 10 10 10 10 10 10 10 10
d 0 5 0		
07 0557		and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.
d tst b dent dent ospir dea		23A, SIGNATURE 23B, DATE SIGNED
		DEGREE Phys. Director Phys. 30 -7 - 30 -7
0 7 0 7 2 2		23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
A A A A A A A A A A A A A A A A A A A	24	BURIAL CREMATION, 248, DATE 24C. NAME of CEMPTERY OF CREMATORY 124D. LOCATION (City, town, or county) (Stote)
E-700-		BURIAL CREMATION, 24B, DATE 24C. NAME of CEMPTERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
This cer the bod shows: was D.C decease	25	10/1/11
### \$ \$ \$ \$		AUG 2 1971 Page E. Jacker 20 1 1971 Page 8 1 10 10 10 10 10 10 10 10 10 10 10 10 1
	VS	150-REV. 1/1/68



deat ease n th Suc	BIRTH NO.  1. NAME OF DEC	BLANCH,	7226 ·	JEROMO		DATE AND HOU		7233
(5) Dec	FULL NAME OF	LTIMORE MARYLAND,	WHERE PRONOUN	CED DEAD	4. USUAL RESIDEN A. STATE MARY LAN	B. COUNTY	/ sed lived. If institut	ion; residence before an
ing cause; actend artend rior to	BOLTON	JHILL NURS NOHN STRI MORE, MAR	SING HOA	The sale of the sale of	BALTIME E. STREET AND N		LOH ST	S P NO
erminec regular sased p	MALE	6. RACE BLACK  UPATION [Give kind of weight]	7. MARRIED WIDOWED	NEVER MARRIED   SEPOWORCED	8. DATE OF BIRTH	O/ lost birth	(In years If Ma	Under 1 Yr. If Under
Undet was in he dec	CHAUFEU  13. FATHER'S NA	working life, even if retired)  R  ME	UNKNO		BALTIN C		12	U.S.A.
kind; (4) I death we ce on the nal dispon		ST BLAN Ever in U. S. Armed Fo		SOCIAL SECURITY NO.	MARY 17. INFORMANT MARION	KATHE	PINE D	ORSEY ADDRESS 938 E. 28 <sup>I</sup>
Afracture of Who pronoun regular atter	(This does not be injury or con	SE OR CONDITION DI LEADING TO DEATH not meen the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if	dylng, e.g., s the disease, I death.)	(B) CU	A CONSEGUENCE OF	Wilms	etter	for for
30 -0	rise la the	above cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE C	)F:	A	- C.
a medical ex ody burns; (3) te physician tician was in the remains a	OTHER SIGNIF TO THE DEAT DISEASE OF C	CONDITION last,  CONDITION last,  CANT'CONDITIONS CO H BUT NOTRELATED TO TO ONDITION GIVEN IN PAI OPERATION 1978. CON	ONTRIBUTING (HE TERMINAL RT 1 JA):	(c) and	A CONSEQUENCE OF	gere	lzel	NGS CONSIDERED
ital by a medical exe; (2) Body burns; (3) there the physician No physician was in pefore the remains a	OTHER SIGNIF TO THE DEAT OTHER SIGNIF TO THE DEAT OF TO THE DEAT OF TO THE DEAT OF TO THE DEAT OR CONTRIBLE OR CONTRIBLE OF TO THE DEATH (notify	a above cause (A) CONDITION last, ILLIANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAI	ONTRIBUTING THE TERMINAL RITE TO THE TERMINAL RITE	(c) and	20A. AUTOPSYT	Yes or No) 20B, III		NGS CONSIDERED OF DEATH?  , give exoct location)
l by a medical (2) Body burning the physician who fore the rem	OTHER SIGNIFTO THE DEAT OF SALES OF CONTRIBLE OF INJURY (APPROX.)	GONDITION last.  CONDITION last.  CONDITION last.  CONDITION STORM IN PARTICULAR STORM STORM IN PARTICULAR STORM STORM IN PARTICULAR STORM	ONTRIBUTING THE TERMINAL RT 1 IAI: FORMED  218, PL home, elc.  (Houd) 218, IN While Work	CH OPERATION  ACE OF INJURY (e.g., inform, foctory, sheet, affiliating the control of the contro	20A. AUTOPSY? ( 20 or obout 21C. WHER fice bidg. INJURY O	Yes or No) 20B, III	(If In Boltimore Cit	2
o the hospital by a medicany nature; (2) Body burn (except where the physican w ; and (6) No physician w e obtained before the rem	OTHER SIGNIFIO THE DEAT DISEASE OR CONTRIBL DEATH (notify CAPPROX.)  22. 1 certify that (1) (we)	CONDITION last.  CONDITION last.  CANT'CONDITIONS CO H BUT NOTRELATED TO O ONDITION GIVEN IN PAI OPERATION 1998. CON WAS PER  TWAS UNDERLYING TING CAUSE OF medical examines  (Month) (Doy) (Year)  that (I) (this hospital last saw the decease I from the causes sta	ONTRIBUTING THE TERMINAL TO THE TERMINAL TH	CH OPERATION  ACE OF INJURY (e.g., in larm, foctory, sheet, all larm,	20A. AUTOPSY? ( a or obout 21C. WHER fice bidg. INJURY O	Yes or No) 208. II IN CE EE DID CCU R? DID INJURY OC and that In (m)	(If In Boltimore City  CUR?  ta  y) (our) opinion  238	give exoct location)
as released to the hospital by a medic in accident of any nature; (2) Body burn at a hospital (except where the physicion to death); and (6) No physician worked must be obtained before the rem	OTHER SIGNIF TO THE DEATH DISEASE OR C TO ALE OF TO ALE OF TO R CONTRBL DEATH (notify TO THE DEATH (notify) TO	CONDITION last.  CONDITION last.  CONDITION last.  CONDITION last.  CONDITION SCO  H BUT NOTRELATED TO TO  ONDITION GIVEN IN PAI  OPERATION 198. CON  WAS PER  TO WAS UNDERLYING  TING CAUSE OF  medical exomines)  (Month) (Doy) (Year)  that (I) (this hospital  last saw the decease  I from the causes star  RE	ONTRIBUTING THE TERMINAL RT 1 [A].  IDITION FOR WHI FORMED  21& PL home, etc.  (Houd 21& IN. While Work  I) attended the ced office on ted obove, (I) (V	CH OPERATION  ACE OF INJURY (e.g., ir arm, foctory, street, affine At Work deceased from Affine Physics (did) (did not) v	20A. AUTOPSY? ( To or obout 21C. WHER fice bidg. INJURY O  21F. HOW  21F. HOW  Med. Direct 23D. ADDRESS	Yes or No) 20R, III IN CE EDID CCUR?  DID INJURY OC  and that in (m) death.	(If In Boltimore City  CUR?  ta  y) (our) opinion  238	give exact location)  9 19 death occurred by t
body was released to the hospital by a medicast (1) An accident of any nature; (2) Body burnes. (2) Body burnes. (3) An accident of encept where the physicased prior to death); and (6) No physician we ten approval must be obtained before the rem	OTHER SIGNIFIO TO THE DEAT DISEASE OR CONTRIBL OR CONTRIBL OF INJURY (APPROX.)  21A. BURIAL CRE REMOVAL (S. P.	CONDITION last.  CONDITION last.  CONDITION last.  CONDITION last.  CONDITION SCO  H BUT NOTRELATED TO TO  OPERATION 19 PR. CON  WAS PER  TO WAS UNDERLYING 19 PR. CON  WAS PER  TO WAS PER  TO WAS UNDERLYING 19 PR. CON  WAS PER  TO WAS UNDERLYING 19 PR. CON  WAS PER  TO WAS UNDERLYING 19 PR. CON  WAS PER  TO WAS PER  TO WAS UNDERLYING 19 PR. CON  WAS PER  TO WAS UNDERLYING 19 PR. CON  WAS PER  TO WAS UNDERLYING 19 PR. CON  WAS PER  TO WAS PER  TO WAS UNDERLYING 19 PR. CON  WAS PER  TO WAS PER  TO WAS PER  TO WAS UNDERLYING 19 PR. CON  WAS PER  TO WAS PER  TO WAS PER  TO WAS UNDERLYING 19 PR. CON  WAS PER  TO	ONTRIBUTING THE TERMINAL RT 1 [A].  IDITION FOR WHI FORMED  21& PL home, etc.  (Houd 21& IN. While Work  I) attended the ced office on ted obove, (I) (V	CH OPERATION  ACE OF INJURY (e.g., ir along foctory, street, along f	20A. AUTOPSY? ( To or obout 21C. WHER fice bidg. INJURY O  21F. HOW  21F. HOW  Med. Direct 23D. ADDRESS	Tes or No. 20R, III IN CE TE DID CCUR?  DID INJURY OC  19 7  and that in (m) death.  or Shoff Phys.   24D, Location	(If In Boltimore City CUR?  ta  y) (our) opinion	give exact location)  9  death occurred by t

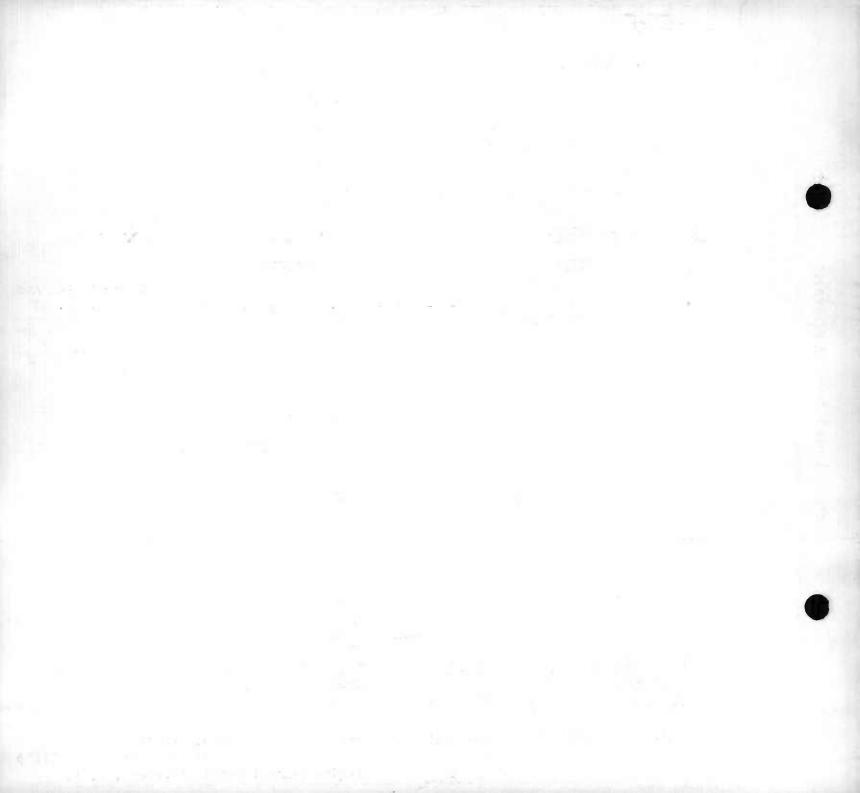


VS 150-REV. 1/1/68

J-525	- 017	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO.	71 7227
BIRTH NO.  1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEAT	-
M. HELEN	9-7:	7/30/7/	1/35 a.
3. PLACE IN BALTIMORE, MARYLAND, FULL NAME OF (IF NOT IN HOSPHOSPITAL OR ADDRESS OR LO	WHERE PRONOUNCED DEAD  ITAL OR INSTITUTION, GIVE STREET CATION)	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY MARYLAND,	Institution: residence before admission
INSTITUTION SINGAL HOSPIT		C. CITY OR TOWN D. IN	ISIDE CITY LIMITS?
		C=BALTIMORE	YES NO
BALTIMORE		5502 STOWINGTO	Y AUE.
FEMALE WHITE.	7- MARRIED NEVER MARRIED WIDOWED X DIVORCED	8. DATE OF BIRTH O1/14/95 9. AGE (In years lost birthday)	If Under 1 Ye. If Under 24 Hrs Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of wo fone during most of working life, even if satired MISSIONARY - Retired		11. BIRTHPLACE (Stote or foreign country) Michigan	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Albert Biber		Margaret	
5. Was Deceased Ever in U. S. Armed F. Yes, no or unknown) (If yes, give wor or do	erces?   1 6. SOCIAL tes of service)   SECURITY NO.	17. INFORMANT	5502 Stonington Ave
No None	377-28-1551 A	Mrs. Barbara J. Hoffman	
18. 410. 9	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if ise to the above cause IAI UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING	A CONSEQUENCE OF:	
DISEASE OR CONDITION GIVEN IN PA 19A-DATE OF OPERATION 198. COI WAS PE	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., I home, lorm, fociory, street, of otc.)	n oi obout 21 C. WHERE DID (If In Boltime	ore City, give exact location)
DEATH (notify medical examiner)  21D.TIME (Month) (Day) (Yearl (APPROX.)	(Hour) 21E. INJURY OCCURRED  While At   Not While Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (t) (this hospita		7 / /5 19 7/: 10	7 / 30 19 -7/.
that (1) (we) lost saw the deceas	ed alive on 7/30	19 7/ and that In(my) (our) op	Union death occurred on the dat
ond haur ond from the causes sto	ated abave. (i) (We) (did) (d <del>id not</del> ) v	lew the body ofter death.	
23A. SIGNATURE			23 B. DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys	nding Med. Staff. 23D. ADDRESS	7/30/71.
BORIS KER	ZHER. M.D. DEGREE	5957 WESTERN PARK DRIVE	, BALTINORE, Molis
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C.NAME of CEMETERY OF CRE		ity, town, or county) (State)
Burial 8/2/19	71 Mount Olivet Ce	metery Baltimore, Ma	ryland
SA, DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 8728 Liber	
AUG 2 1971 Pagas	LAME OF REGISTRAR	25C. FUNERAL DIRECTOR 8728 Liber	

Loning Byers (Funeral

Directors,

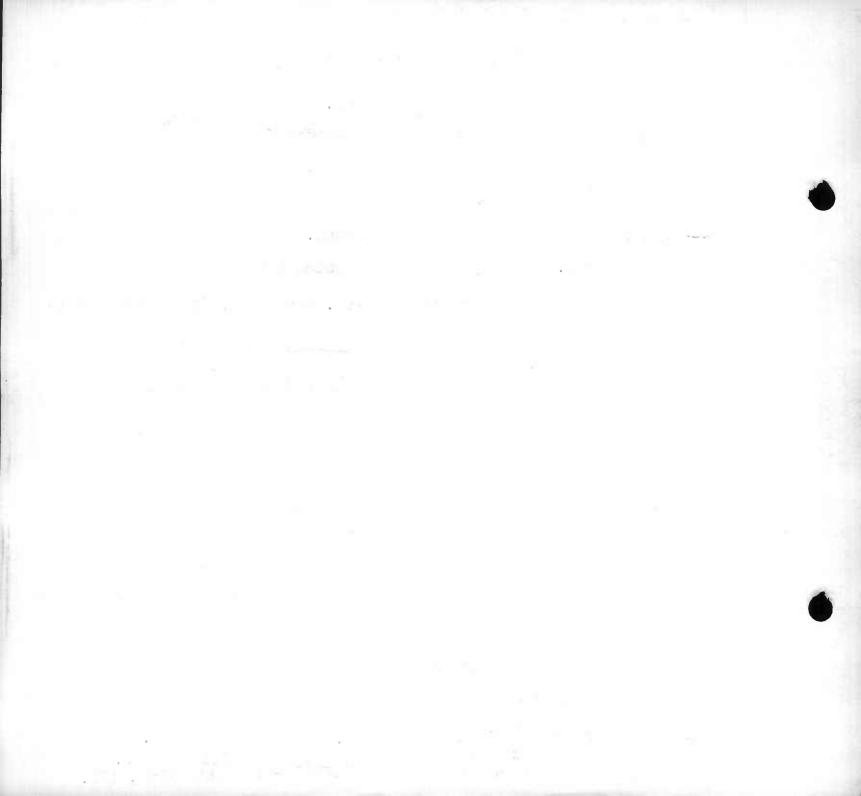


IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

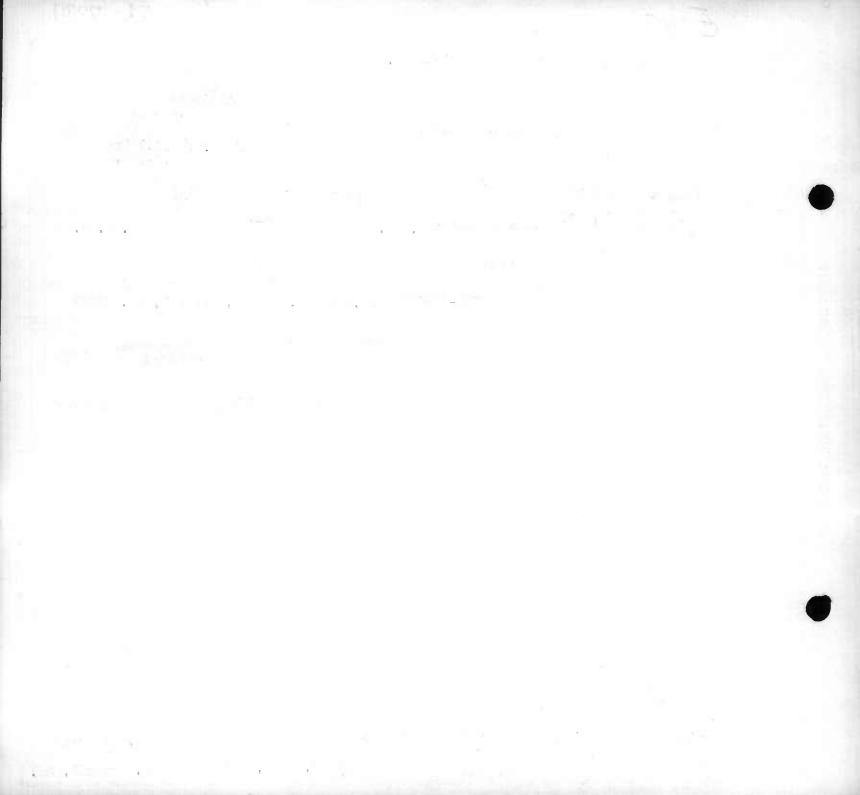


he direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the	ce on the deceased prior to death. Such nal disposition is made.	1 1
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
e body w ows: (1) / 1s D.O.A.	ceased pritten app	2
* 4 %	e ¥	V

T -,			BALTIMORE CITY	HEALTH DEPARTME	NT	71 1000
BIRTH NO.		7229	CERTIFICA	TE OF DEAT	TH REG. NO	1229
1. NAME OF DE (Type or Print)	Cyril J.	Thorpe	e		TE AND HOUR OF DEAT	
3. PLACE IN BA	ALTIMORE MARYLAND, V			4. USUAL RESIDENCE	(Where deceased lived, II	institution: residence before admission
FULL NAME O	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Mary1and	COUNTY	2.75-8
NOITUTITEN				C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
- Unio	n Memorial I	Hospit	a1	Baltimore		YES NO
					thern Parkw	ay 21239
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male Male	Caucasian	WIDOWED		Apr. 20, 191	.0 1 01	Months Doys Hours Min.
OA. USUAL OC	CUPATION (Give kind of world working life, even if retired)	10B, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or (oreign country)	12. CITIZEN OF WHAT COUNTRY
Retire	d estimator	Cons	truction	Baltimore	, Maryland	USA
3. FATHER'S NA	AME			14. MOTHER'S MAIDE		
Artl	hur Thorpe			Agnes Wa	11	
	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	WW II	a DI SOTVICO)	SECURITY NO. 218-03-3702	Ann S. T	Chorpe 1713	Northern Pkwy
18. 4/	0,9		CAUSE OF DEATH	1	1	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY	Coro way	4 Intavet	104	BETWEEN ONSET AND DEATH
471.1	LEADING TO DEATH		CANALEDIATE CALL	1		hours-
heort foilure	not meen the mode of , osthenio, etc. It means	the diseose.	2112 22 22 12	CONSEQUENCE OF:		***************************************
injury or co	mplication which coused	dooth.)			.//	
	ANTECEDENT CAUSES		(B) Ceve Lov	v- Vascular	arteriora	beron preat an
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYIN	G CONDITION lost	sioling ine	(c)			
	11					
OTHER SIGNI	FICANT CONDITIONS CO.	NTRIBUTING				
C IDISEASE OR (	CONDITION GIVEN IN PAR	T 1 (A).	***************************************			*************************
21A. ACCIDE	F OPERATION 198. CON WAS PERF	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208 IP YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDE	NT WAS UNDERLYING LUTING CAUSE OF	21B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE D	OID (If to Boltim	ore City, give exoct location)
DEATH (notif	y modical exemined	etc.	e, form, foctory, street, off	ice bidg., INJURY OCCL	J 187	
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
OF INJURY		Whi	ile At   Not While			
22. 1 certify	that (1) (this hospital			Nov	19 <u>Zo</u> to	1-0 27
	last saw the decease			- 7/		19//
			) (We) (did) (did nat) vi			Inlan death accurred on the dote
23A. SIGNAH	DRE		Z. (me) (did) (did ildi) Vi	ew the bady after de	orn.	23B, DATE SIGNED
1	Ella N	Coll	Mr. LO Atten	ding Med.	Shoff	7 50 71
23 C. PHYSICIA	IN'S	Col	DEGREE Phys.	Director L 3D. ADDRESS	Phys.	1.27.1
NAME (	E. Ellswo	orth Ca	ook M.D.		and Assamus	
A BURIAL CRE			ME of CEMETERY OF CREA	2431 Mary1		City, town, or county) (Stole)
Burial	(Specify) 7/29/7					
SA DATE REC'D			laney Valley		Baltimore,	
AUG 2	19/1 (Jabel 8	25B-NAME O	ra O	25C. FUNERAL DIRE		500 York Road
(S 160-BEV 1/1	77.0			- with conserva	- Marchieta 0	JOU TOLK ROAG



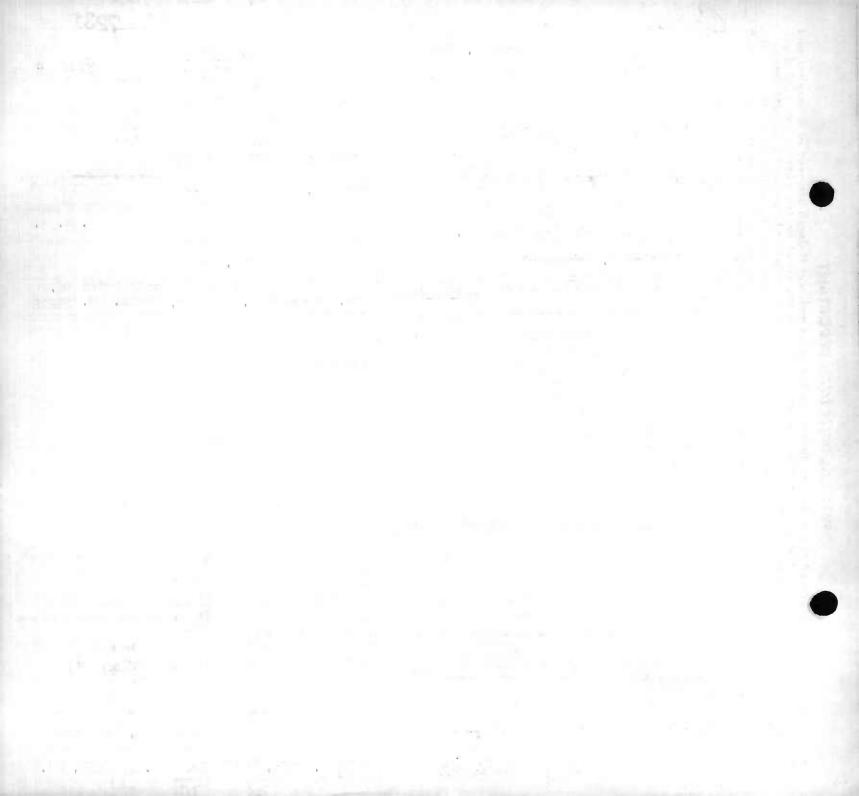
E-456	71 7	230		HEALTH DEPARTMENT	REG. NO	71, 7230
	MORE, SH	IPLEY	Shirley M.	Elmore Ju	AND HOUR OF DEATH	112:25 PM
3. PLACE IN BALTIM FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Ho	Maryland	AL OR INSTITU		4. STATE B. CO MARYLAND C. CITY OR TOWN DUNCE. STREET AND NUMBER  11 GRAMAN HA	Baltimore lalk p. INSI	IDE CITY LIMITS? YES NO E
Female	ACE White TION (Give kind of work	WIDOWED	NEVER MARRIED DIVORCED BUSINESS OR INDUSTRY	8. DATE OF BIRTH  9-5-16  11. BIRTHPLACE (Sigle or f	9. AGE (In years lost birthday)	If Under 1 Y. If Under 24 His. Months: Daye Hours Min.
machine on -	agnification of retired)	1	ntal Mfg. Co.	Kent	cucky	U. S. A.
13. FATHER'S NAME	ing co.	Thack	er	14. MOTHER'S MAIDEN N	?	
15. Was Deceased Ever (Yes, no or unknown) (If y	in U. S. Armed Fer- yes, give war at date	ces? s of eervice)	6. SOCIAL SECURITY NO. 284-18-2579	Mr. Paul A. El		man Hildoress Road k, Md. 21222
(This does not not heart failure, asth	R CONDITION DIR DING TO DEATH nean the mode of enio, etc. It meons ofton which coused	dying, e.g.,	(A) IMMEDIATE CAU	PAR GASTROINE	ESTICULE HER MASS	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH DARSHACK HBS.
DISEASES OR C	II .	stoling the	(B) DUE TO, OR AS	A CONSEQUENCE OF:	LARGE	Nosses .
E TO THE DEATH BU	IT CONDITIONS CONTROL TO THE ITION GIVEN IN PART RATION 19% CONTRACTOR WAS PERF	TE TERMINAL 1 1 (A). DITION FOR WH	HICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WOR CONTRIBUTING DEATH (natify med	AS UNDERLYING	218, 7	LACE OF INJURY (e.g., in farm, foctory, street, off	Yes or about 21 C. WHERE DID ice bidg., INJURY OCCUR?		• City, give exect lacation)
OF INJURY	nth) (Day) (Year)	While Work	At Work	21F. HOW DID II	NJURY OCCUR7	
that (I) (we) last	(I) (this haspital)	d alive on	***************************************	19and	19to that in(my) (our) opin	nian death occurred on the dote
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	the causes state	ed above. (1)	DEGREE Phys.	ew the bady after death ding Med. Director		23B. DATE SIGNED
24A. BURIAL CREMATI REMOVAL (Specif Burial	ON, 248, DATE y) 8/2/71		DECREE  ME of CEMETERY of CREA  Ons of Faith			gueral Ablifa y, town, or county) (Stored
AUG 2 197	TEALTH DEPT.	258 NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	R	More, Maryland Address Ave. Dundalk, Md.
/\$ 150-REV. 1/1/68						



a hospital and

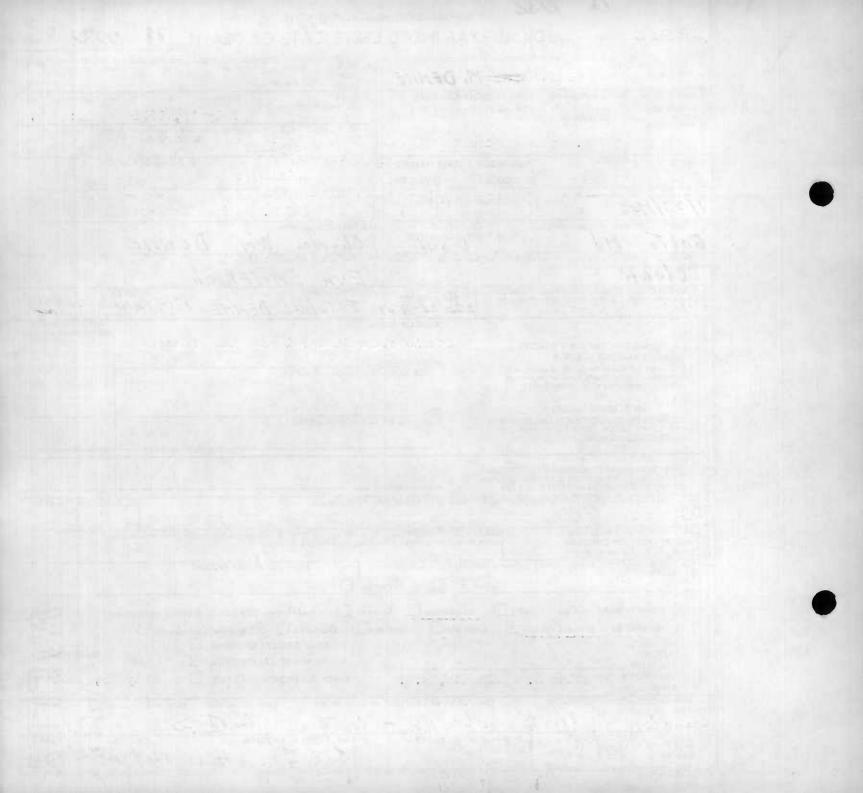
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

110	BALTIMORE CIT	Y HEALTH DEPARTMENT	
EIRTH NO. 71 7231	CERTIFICA	TE OF DEATH REG. NO.	71 7231
1. NAME OF DECEASED (Type or Print)  THO PREM	. Chopper	2. DATE AND HOUR OF DEATH	9:00 A
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If is	nstitution: residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR INSTITU' HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	TON, GIVE STREET	Marviand Baltimone	SIDE CITY LIMITS?
Church Home & Hospital		c. city or town Dundalk D. INS	YES NO X
CHURCH HOME & HOS	PITAL	E. STREET AND NUMBER 2706 Old North Point Roa	A
SEX 6. RACE White 7. MARRIED WIDOWED	NEVER MARRIED	S. DATE OF BIRTH March 10, 1905  9. AGE Un years lost birthdoy 66	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIND OF I	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ship Fitter Bethlehem Steel	Co.	Maryland	1/ J. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Nicholas E. Schoppert		Sarah E. Gray	
	6. SOCIAL 213-09-2486	Mrs. Margaret E. Chopper,	North P8977 Rd. Balto. Md. 21222
18. 450 XI	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	acut	i me he on a land	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAL	use por mon any edem	mallemen
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:	
ANTECEDENT CAUSES	Pin	lmonary Imbalism	who terman
DIAMANA AND ADMINISTRATION OF	(B)	A CONSEQUENCE OF:	7000-000000
rise to the above cause (A) stating the	DOE 10, OR AS	A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Pomb	le Septicemia	undetermina
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A DATE OF OPERATION WAS PERFORMED	HICH OPERATION	20A. AUTOPSYR (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
J 21A. ACCIDENT WAS UNDERLYING 21B. P.	ACE OF INJURY (e.g., form, factory, street, o		re City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. II	NJURY OCCURRED	21% HOW DID INJURY OCCUR?	
(APPROXI White	At   Not While At Work	• 🗆	
22. I certify that (I) (this hospital) attended the		7/78 19 7/ to	7/29 19.7/
that (1) (we) last saw the deceased alive on	7/29	131	nion death occurred on the date
and haur and from the causes stated above. (1)	(Wa) (did) (did===a) .		mon death accorded on the date
23A. SIGNATURE	() (0.0) (0.0)	new the budy differ death.	238, DATE SIGNED
In a form round and	//   DL	anding Med. Staff Phys.	8/20/71
23C.PHYSICIAN'S NAME (Type)	DEGREE Phy	23D. ADDRESS	11/87/11
NAME HAPPE	160111	OCTURON HOUTE + 15	HIS DITTI
AA. BURIAL CREMATION, 24B. DATE 24C. NAN	AE of CEMETERY OF CR	N. MO	ly, town, or caunty) (State)
Burial 8/2/71 Oak	Lawn Cemeter		more, Maryland
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF AUG 2 1371 Pobes E. Jake	REGISTRAR	John J. Duda, 7922 Wise A	ADDRESS
المرابع المراب	A 450	I - 61 of a day of year urse y	vos Dundalks nas



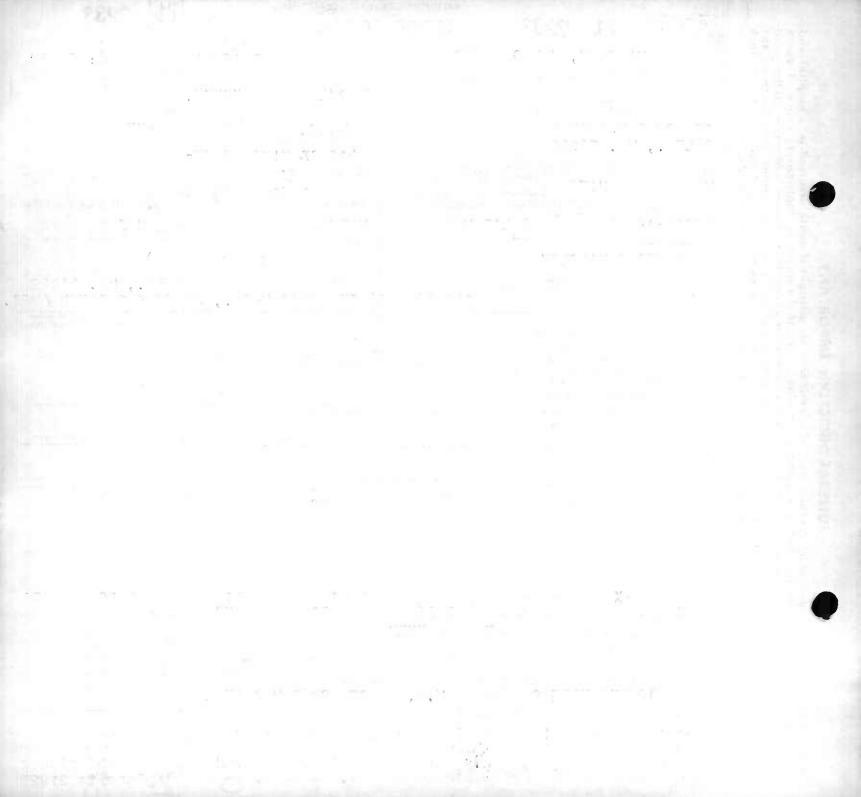
VS 151-REV. 1/1/68

Bli	) - 50C	)	MED			SALTIMORE CITY HI AMINER'S			OF	DEAT	H REG. NO	72	232
(Ty	NAME OF DEC					DEMME	2. DATE OF DEATH	Known		Manth	Day	Year	Hnur
FUI	PLACE IN BAL IL NAME OF SPITAL INSTITUTION	(IF NO		AL OR INS	TITUTIOI	N, GIVE STREET	3. DATE PRONO			Month July deceased li	29, 19 ved. If Institution B. COUNTY	Year 71 on: residence	Hour 11:10 A.
	SEX	7. RACE		8. MARR	IED 🗌	NEVER MARRIED	C. CITY OR	TOWN			D. INSIDE	ITY LIMITS	
	emale	Whi		WIDOW		DIVORCED [			imor	e	,	ES X	№ □
1	23/190	16	last birthda	y)	Months	or 1 Yr. 11 Under 24 Hrs. Days Haurs Min.	E. STREET			adiso	n Stree	t	
1	BIRTHPLACE (S	Md.			W	IZEN OF	13. FATHER	-les	WM	, 1	) EMM	E	
GOIN	Cler	orking lite, ev	en It refired)			SINESS OR INDUSTR	EVA	E	200	FRIC	6		
(Yes	WAS DECEASE Language Property (Control of the Control of the Contr	D EVER IN (If yes, give v	V.S. ARMED	of service)	2	SECURITY NO.	18. INFORM	ANT	DE	MME	13091	DDRESS	wood Rd
CERTIFICATION	(This does no heart failure, injury or cam	osthenia, etc. plication white TECEDENT OR CONDITION ABOVE CAN GEORGIA OR CONDITION THE CONDITION TH	D DEATH mode of dy . It meons the ch coused dec CAUSES ONS, IF ANY USE (A) STA' ION LAST.  II AUTIONS CO	odisease, oth.)  (, GIVING THE	ING	(B)		UENCE OF		ular (	disease		
ERTI	20A. DATE OF	OPERATION	1 208. CON	NOMONI	FOR WI	HICH OPERATION W	S PERFORM	ED				21. AUTO	OPSY? (Yes ar Na)
-1	22A. FXTERN	IAL CAUSE	WAS		220 84 4	CC OF MUUDW		20. 14411					No
MEDI	UNDERLYING UTING CAL 22D. TIME (I OF INJURY (APPROX.) 23.	GR CON' JSE OF DEA Month) (D  fy that I he ad fram: N  RE R'S Cha	TRIB- TH. Poy) (Year eld an li	Hour	) 22E. WHII WOI	RK LJ AT W	WHILE 22	2F. HOWD	t on this	s basis, adetermina AMINER	death in my	opinion	DATE SIGNED, 1971
	BURIAL CREM	ATION, 2	48. DATE	71	24C.1	NAME of CEMETERY	Cremato	RY	24D. LC	CATION	(City, town	, ar county	(Stote)
25 A	AUG 2	1971	Valent	258.4N	AME OF	REGISTRAR	25C, F	UMERAL D	RECTOR	l Hom	L 520	DDRESS	KRd 21212



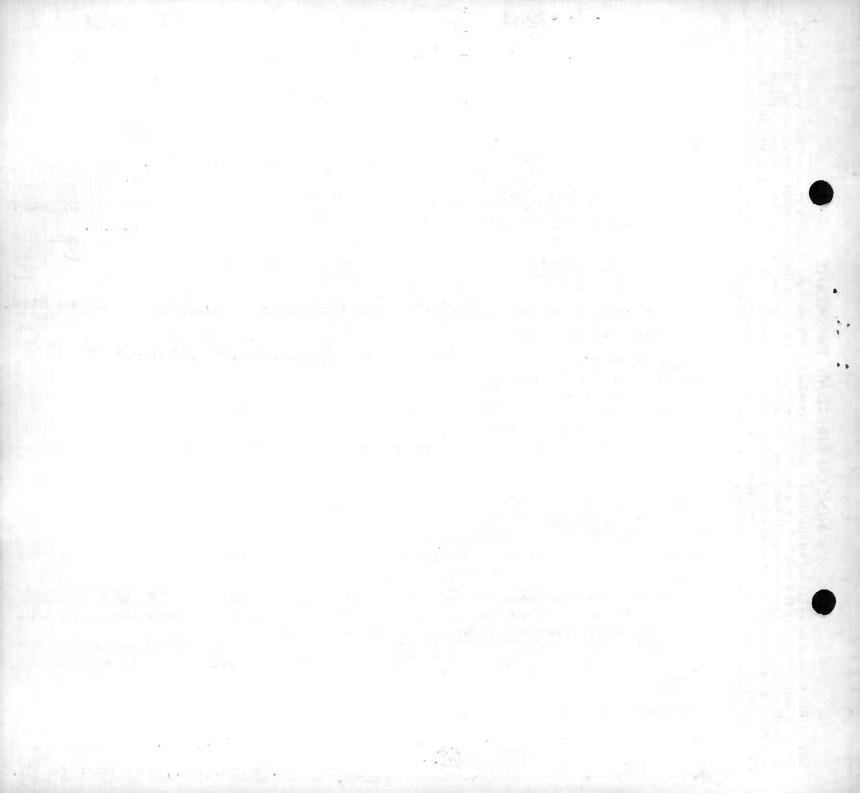
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11 . 11	BALTIMORE CITY	HEALTH DEPARTMENT	7-	1 5020
77-124 71. 7233	CERTIFICA	TE OF DEATH	REG. NO.	1833
1. NAME OF DECEASED HIPSLEY, JAMES EDW	ARD	2. DATE A	7/30/71	6:40 PM <sub>M</sub>
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNG  FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)  ST AGNES HOSPITAL  BALTO., MD. 21229		A. STATE B. COUL MARY LAND C. CITY OR TOWN MARY LAND E. STREET AND NUMBER	RXKXD.	DE CITY LIMITS?  YES XX NO
MALE WHITE MOOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 87	9. AGE (In years last birthdoy)	Munder 1 Yt. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during most of working life, even if refired)  POLICE		11. BIRTHPLACE (State or fore	eign country)	U.S. A
JAMES E HIPSLEY		14. MOTHER'S MAIDEN NA	iseside	)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO. 220 44 593	17. INFORMANT 4 ST AGNES H	BAL IOSP., WILK	TO., 19055 21229 ENS & CATON AVES.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, estheria, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  174. DATE OF OPERATION 175. CONDITION FOR WHILE WAS PERFORMED  214. ACCIDENT WAS UNDERLYING 1218. PL.	(B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) Preum or	is sclepatic Que A CONSEQUENCE OF:	ndia ors onla	
LOR CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., in larm, lactory, street, of	NO or obout 21C. WHERE DID ice bidg. NURY OCCUR?		e City, give exect location)
DEATH (notify medical exemined etc)  210. TIME (Month) (Doy) (Year) (Hous) 21E IN While (Month) (Month	At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (A) (this hospital) attended the thot (N) (we) last saw the deceased alive on and haur and from the causes stated above. (A) (N) 23A. SIGNATURE  That A Vargus 23C.PHYSICIAN'S NAME JUNATO VARGAS	7 30 We) (did) (did/wex/v  M. ()  DEGREE Phys	nding Med. Director 13D. ADDRESS	Stoff Phys.	7 30 19 71  Ilan death accurred on the date  238, DATE SIGNED  7 - 30 - 77
	DEGREE		SPITAL	y, lown, or county) (State)
Burial 8/2/71 Lorr	aine Park	Cemetery Ba	Itimore, M	aryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF LANGE 2 1871 R. C. S.	KEOSTRAK	Walters, Fu	**	Pratt&Stricker Streets 21223



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such, a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.	4 71 .7	CERTITICA	AL OF DEATH	71 7234		
(Type or Print)	Bernard J. Kle	eidlein - Kleider	lein 2. Date and Hour of DEA	11:15 P		
3. PLACE IN BAI FULL NAME OF HOSPITAL OR INSTITUTION		IERE PRONOUNCED DEAD  L OR INSTITUTION, GIVE STREET HON)	4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY  Maryland  C. CITY OR TOWN	If institution: residence before admission)		
37	Mercy Ho	spital	Baltimore E. STREET AND NUMBER	YES NO		
5. SEX	lé. RACE		1708 Loch Raven B	lvd.		
Male	Caucasian	• MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) 11-24-1900 70	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
done during most of	working life, even if refired) er-Manager	Furniture Store	Y 11. BIRTHPLACE (Stole or foreign country) Maryland	U.S.A.		
John	ME Kleiderlei	n	Sophia Rosenberger			
5. Wes Deceased	Ever in U. S. Armed Force	1 6 SOCIAL	17. INFORMANT	ADDRESS		
NO	Of yes, give wat or dotes		7Theresa Kleidlein,470	of Look Posson Dist		
OTHER SIGNIF	9/7/ WAS PERFO	TRIBUTING  TERMINAL  I (A).  THOM FOR WHICH OPERATION  REMED	700	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
O DEATH (notify	NT WAS UNDERLYING DITING CAUSE OF medical examined	218. PLACE OF INJURY (e.g., home, form, fociory, street, etc.)	in or obout 21C, WHERE DID (If In Bolti office bidg., INJURY OCCUR?	more City, give exoct lacotian)		
OF INJURY (APPROX)	(Month) (Day) (Year)	(Hous) 21 E INJURY OCCURRED  White At  Not White At Work  Not Work	21F. HOW DID INJURY OCCUR?			
that (I) (we)	lost saw the deceased			apinion deoth occurred an the date		
23A SIGNATU	RE B	d obove. (1) (We) (did) (did not)  Regular AH  Physical Degree Physical Phy	ending Med. Staff [Z]	23 B. DATE SIGNED		
NAME (T		DEGREE		6		
4A. BURIAL CRE	MATION, 248, DATE	24C. NAME of CEMETERY OF CE	24D. LOCATION	(City, town, or county) (State)		
AA. BURIAL CRE REMOVAL ( Burial	Specily) 8-2-71	St. Stanislau	The state of the s	ADDRESS		



IMPORTANT

FUNERAL DIRECTOR:

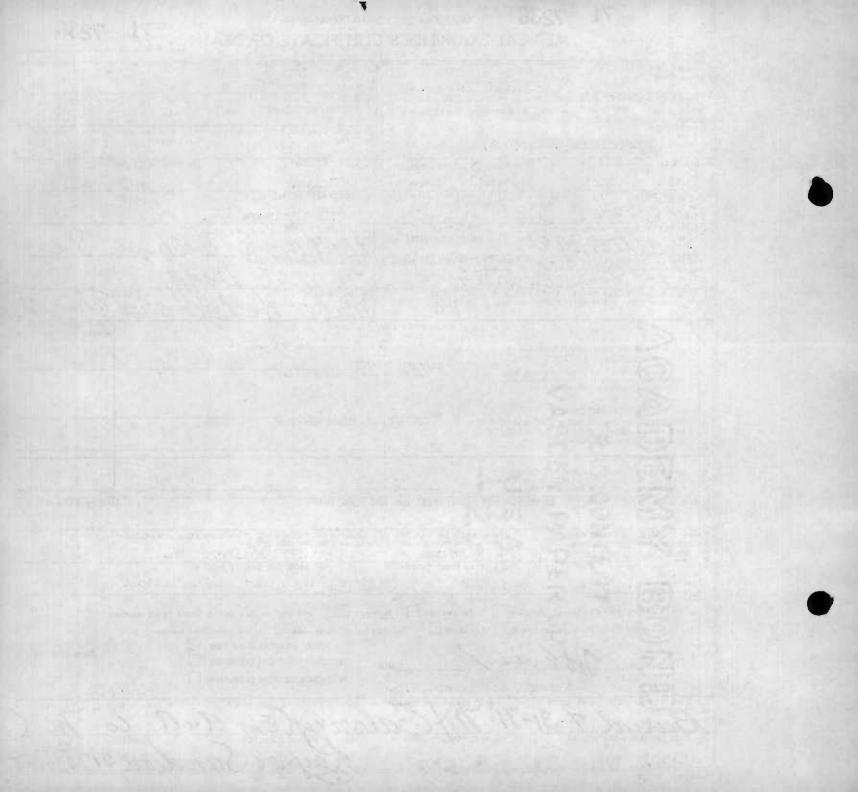
	EASED	100		2. DATE AN	D HOUR OF DEATH	
. PLACE IN BAL	SBORNE G.	SNYD	ER	July	28. 1971	titution: residence before admission
	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deckosed lived. Il ins	titution: residence belore admission
ULL NAME OF	UF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md.		275-8
NSTITUTION	ADDRESS OR LOCA	AIIONI		C, CITY OR TOWN	D. INSID	DE CITY LIMITS?
1656	Ramblewood	DA		Baltimore E. STREET AND NUMBER		YES X NO
10,0	TEMOOU	na.,		1656 Ramble	woodz Rd.	
SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months! Days Hours Min.
Male	White	WIDOWED		Sept. 17, 1885	85	Monnis Days Hours Will.
A. USUAL OCC	UPATION (Give kind of working life, even if refired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lorei	gn country)	12. CITIZEN OF WHAT COUNTE
Retired-	-Railroad			Marylan	d	USA
FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	ΛE	
	William	ı Sı	nyder	Iova	XXX Garr	ett
. Was Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	at yes, give wor or dore	es of scivicel	A-506300	Mr. Albert R.	Snyder 6201	McClean Blvd.
18. //	> 1		CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DE	RECTLY	Bion	nchopnen	2000	BETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAU		mori ioc	3days
(This does n	not mean the mode of asthenia, etc. It means	dying, e.g.,	DUE TO OR AS	A CONSEQUENCE OF:		
	nplication which coused					
	ANTECEDENT CAUSES		4.4			
DISEASES (	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		*************************
	e obave cause (A) G CONDITION (ast.	slaling the				
GIADEKETTIA	G CONDITION 1851.		(c)			
	1.1					
OTHER SIGNI	II FICANT CONDITIONS CO	NTRIBUTING	1-+	10		1 20
OTHER SIGNIE	FICANT CONDITIONS CO	HE TERMINAL	Arteri	osclerosis,	Genera	1 10 years
OTHER SIGNII TO THE DEAT DISEASE OR C	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OPERATION 198 CON	HE TERMINAL RT 1 (A).		OSCIPPOSIS,		10 years
OTHER SIGNII TO THE DEA' DISEASE OR C	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OPERATION 198 CON WAS PER	HE TERMINAL RT 1 (A). IDITION FOR V FORMED				ndings considered ses of death?
OP CONTRIBI	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OPERATION 198 CON WAS PER	HE TERMINAL RT 1 (A). IDITION FOR V FORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FI IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?  City, give exact location)
TO THE DEAT DISEASE OR CO 19A. DATE OF 21A. ACCIDE	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OPERATION 198 CON	HE TERMINAL RT 1 (A). IDITION FOR V FORMED	WHICH OPERATION  PLACE OF INJURY (e.g., in e.g., form, foctory, street, di	20A AUTOPSY? (Yes or No	20B. IF YES, WERE FI IN CERTIFYING CAU	
OR CONTRIBLE DEATH (notify	FICANT CONDITIONS CO IT BUT NOT RELATED TO T CONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING JTING CAUSE OF	HE TERMINAL IT 1 (A). IDITION FOR V FORMED  21B. hom elc.	WHICH OPERATION  PLACE OF INJURY (e.g., in e.g., form, foctory, street, di	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FI IN CERTIFYING CAU (If In Bollimore	
OR CONTRIBLE	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING JTING CAUSE OF medicol exomined	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED  21B. hom elc.J  (Hour) 21E. Whi	WHICH OPERATION  PLACE OF INJURY (e.g., in the form, fociory, street, of the fociory, street, or the fociory of the foci	20A. AUTOPSY? (Yes or No. or obout 21C. WHERE DID injury OCCUR?	20B. IF YES, WERE FI IN CERTIFYING CAU (If In Bollimore	
OR CONTRIBLE DEATH (notify 21D.TIME OF INJURY (APPROX.)	FICANT CONDITIONS CO IT BUT NOT RELATED TO T CONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol exomined  (Month! (Doy) (Year)	HE TERMINAL IT 1 (A). IDITION FOR V FORMED  21B. hom elc. (Hour) 21E. Whi	WHICH OPERATION  PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FI IN CERTIFYING CAU (If In Baltimore	City, give exact location)
OR CONTRIBLE DEATH (notify 21D-TIME OF INJURY (APPROX.) 22. I certify	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol exomined (Month! (Doy) (Year)	HE TERMINAL IT I (A). IDITION FOR V FORMED  21B. hom elc. (Hour) 21E. Whi Wo:	PLACE OF INJURY (e.g., in e., form, foctory, street, all injury occurred life At	20A. AUTOPSY? (Yes or No. nor obout 21C. WHERE DID fice bidg., INJURY OCCUR?	20B. IF YES, WERE FI IN CERTIFYING CAU  (If In Bollimore)  JRY OCCUR?	City, give exact location)
OR CONTRIBLE DEATH (notify DEATH (notify CAPPROX.)  22. I certify that (1) we)	FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR OPERATION 198. CON WAS PER  NT WAS UNDERLYING UTING CAUSE OF medicol exomined  (Month! (Doy) (Year)  that (1) this haspital last saw the decease	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED  21B. hom elc. (Hour) 21E. Whi Woi	WHICH OPERATION  PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yes or No. nor obout 21C. WHERE DID injury OCCUR?	20B. IF YES, WERE FI IN CERTIFYING CAU  (If In Bollimore)  JRY OCCUR?	City, give exact location)
OR CONTRIBLE DEATH (notify 21 D.TIME OF INJURY (APPROX.)  22. I certify that (1) we) and hour and	TICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR OPERATION 198. CON WAS PER  NT WAS UNDERLYING UTING CAUSE OF medicol exomined  (Month! (Doy) (Year)  that (1) this haspital last saw the decease d from the causes state	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED  21B. hom elc. (Hour) 21E. Whi Woi	WHICH OPERATION  PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yes or No. nor obout 21C. WHERE DID fice bidg., INJURY OCCUR?	20B. IF YES, WERE FIN CERTIFYING CAU  (If In Baltimore)  JRY OCCUR?  9 6 2 ta	City, give exact location)  Ly 28 19 71  Ian death accurred an the da
OR CONTRIBLE DEATH (notify DEATH (notify CAPPROX.)  22. I certify that (1) we)	TICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR OPERATION 198. CON WAS PER  NT WAS UNDERLYING UTING CAUSE OF medicol exomined  (Month! (Doy) (Year)  that (1) this haspital last saw the decease d from the causes state	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED  21B. hom elc. (Hour) 21E. Whi Woi	WHICH OPERATION  PLACE OF INJURY (e.g., in the property of the	20A. AUTOPSY? (Yes or No. nor obout 21C. WHERE DID in JURY OCCUR?  21F. HOW DID INJURY OF THE DID INJU	20B. IF YES, WERE FIN CERTIFYING CAU  (If In Baltimore)  JRY OCCUR?  9 6 2 ta	City, give exact location)
OR CONTRIBLE DEATH (nofily 21D.TIME OF INJURY (APPROX.)  22. I certify that (1) (we) and hour and 23A. SIGNATI	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OPERATION 19 B. CON WAS PER  NT WAS UNDERLYING UTING CAUSE OF medicol exomined  (Month! (Doy) (Year)  that (1) this haspital last saw the decease d from the causes state  LEE	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED  21B. hom elc. (Hour) 21E. Whi Woi	WHICH OPERATION  PLACE OF INJURY (e.g., in the property of the	20A. AUTOPSY? (Yes or No. nor obout 21C. WHERE DID in JURY OCCUR?  21F. HOW DID INJURY 19 and the lew the bady after death.  Med. Director	20B. IF YES, WERE FIN CERTIFYING CAU  (If In Baltimore)  JRY OCCUR?  9 6 2 ta 2 ta 2 ta 1 ta 1 ta 1 ta 1 ta 1 ta	City, give exact location)  Ly 28 1971  Ian death accurred an the da
OR CONTRIBLE DEATH (notify 21 D.TIME OF INJURY (APPROX.)  22. I certify that (1) we) and hour and	FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR OPERATION 198. CON WAS PER  NT WAS UNDERLYING UTING CAUSE OF medical examines  (Months (Doy) (Year)  that (1) this haspital last saw the decease d from the causes stat  JRE  LANTS	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED  21B. hom elc. (Hour) 21E. Whi Woi	WHICH OPERATION  PLACE OF INJURY (e.g., in the property of the	20A. AUTOPSY? (Yes or No. nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJURY 19 and the bady after death.	20B. IF YES, WERE FIN CERTIFYING CAU  (If In Bollimore)  JRY OCCUR?  9 6 7 ta 9 ta 11 in (my) (aur) opin	City, give exact location)  Ly 28 1971  Ian death accurred an the da
OR CONTRIBLE DEATH (notify  21D.TIME OF INJURY (APPROX.)  22. I certify that (1) we) and hour and 23A. SIGNATI  23C. PHYSICIA NAME (1)  Dr. C	TICANT CONDITIONS CO THE BUT NOT RELATED TO TO TONDITION GIVEN IN PAR OPERATION 19 & CON WAS PER  NT WAS UNDERLYING UTING CAUSE OF medicol exomined  (Month! (Doy) (Year)  that (1) this haspital last saw the decease d from the causes stat  IRE  CAUSE  THE CONTROL  T	HE TERMINAL IT 1 (A). IT 1 (A). IDITION FOR V FORMED  21B. hom elc. (Hour) 21E. Whi Worl  1) attended the dalive an. ted abave. (I	WHICH OPERATION  PLACE OF INJURY (e.g., in the form, fociory, street, of the form)  INJURY OCCURRED  It At Not White At Work  the deceased from	20A. AUTOPSY? (Yes or No. nor about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	208. IF YES, WERE FIN CERTIFYING CAU  (If In Baltimore  JRY OCCUR?  9 6 2 ta 2	City, give exact location)  Ly 28 1971  Ian death accurred an the da  23B. DATE SIGNED  Duly 29, 197
OR CONTRIBLE DEATH (notify DEATH (notify OF INJURY (APPROX.)  22. I certify that (1) we) and hour and 23A. SIGNAT, 23C. PHYSICIA NAME (1)	TICANT CONDITIONS CO TH BUT NOT RELATED TO TO TONDITION GIVEN IN PAR OPERATION 198. CON WAS PER  NT WAS UNDERLYING JTING CAUSE OF medicol exomined  (Month! (Doy) (Year)  that (1) this haspital last saw the decease of from the causes state  IRE  LOS LOS LOS LOS LOS LOS LOS LOS LOS LO	HE TERMINAL IT 1 (A). IT 1 (A). IDITION FOR V FORMED  21B. hom elc. (Hour) 21E. Whi Worl  1) attended the dalive an. ted abave. (I	WHICH OPERATION  PLACE OF INJURY (e.g., in the property of the	20A. AUTOPSY? (Yes or No. nor about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	208. IF YES, WERE FIN CERTIFYING CAU  (If In Baltimore  JRY OCCUR?  9 6 2 ta 2	City, give exact location)  Ly 28 1971  Ian death accurred an the da  23B, DATE SIGNED  Duly 29,197

71 7236 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO 1. NAME OF DECEASED 2. DATE Year Hour (Type or Print) OF Estimated WILLIAM STEVENSON DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Manth Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 25 1971 OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY Lutheran Hospital (DOA) Md. 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN 6. SEX D. INSIDE CITY LIMITS? male negro WIDOWED DIVORCED Balto. YES X NO . If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years Manths , Days , Hours , Min. last birthday) 2712 Elsinore Ave. 11. BIRTHPLACE (State of fareign country) 12. CITIZEN OF WHAT COUNTRY? 144.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane define mast of warking life, even if rettred) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL 18. INFORMANT SECURITY NO. (Yes, no or unknown) (If yes, give wor or dotes of service) CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Gunshot wound of right upper chest DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It meons the disease, Injury ar camplication which coused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) ₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. house 2712 Elsinore Ave. 22D. TIME (Month) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Doy) (Year) OF INJURY NOT WHILE WHILE AT (APPROX.) 7-25-71 Shot during altercation. I certify that I held on Inquiry Autopsy X Inspection and that on this basis, death in my opinion resulted from: Notural couses Suicide \_\_\_ Homicida Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Russell S. Fisher, M.D. NAME (Type) 7/26/71 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 240, LOCATION (City, town, or county) (Stote) REMOVA) (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25 C

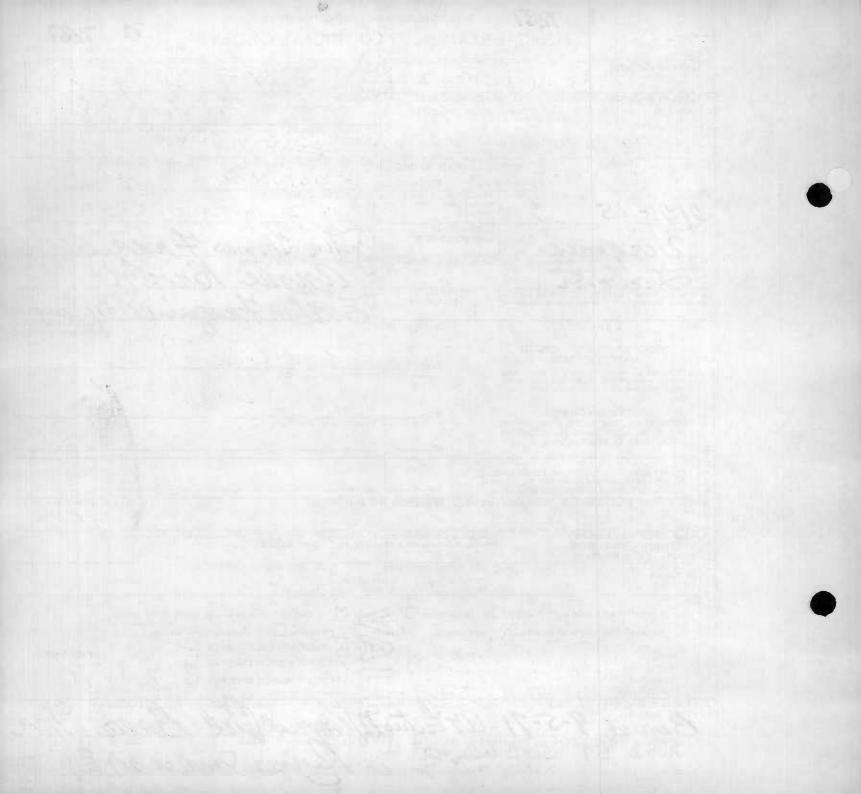
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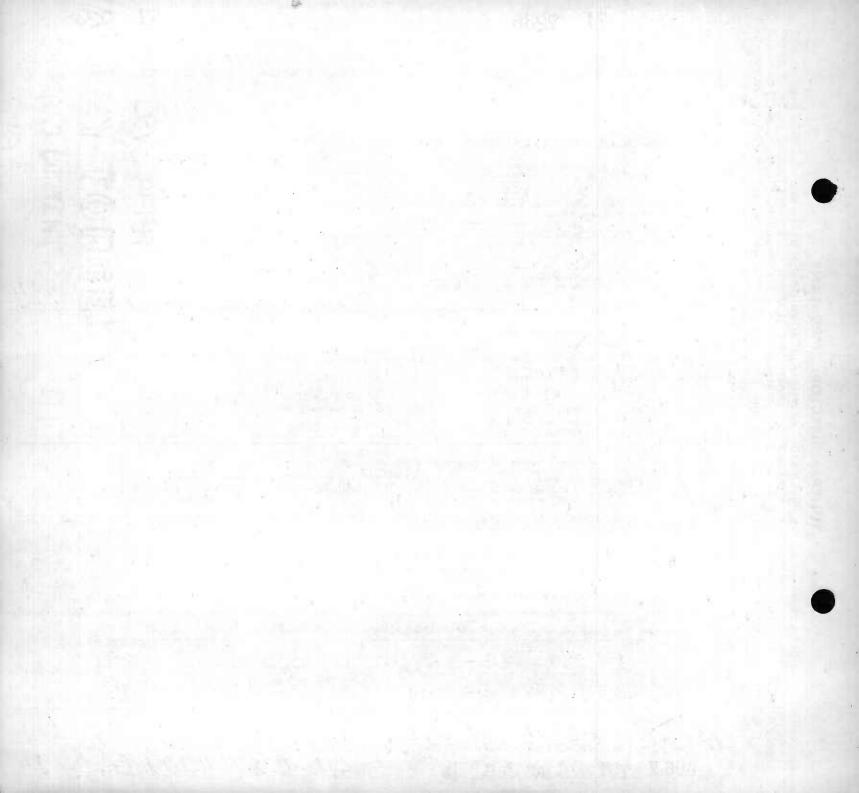
outreer Sandoness



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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH cause; (5) Deceased 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) D. INSIDE CITY LIMITS? NO 21213 If Under 1 Yr. If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH Moule 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) \_\_\_\_\_\_\_and that in (my) (out) aplnian death accurred an the date 23B, DATE SIGNED written approval shows: (1) (City, town, or county) Was



a hospital and

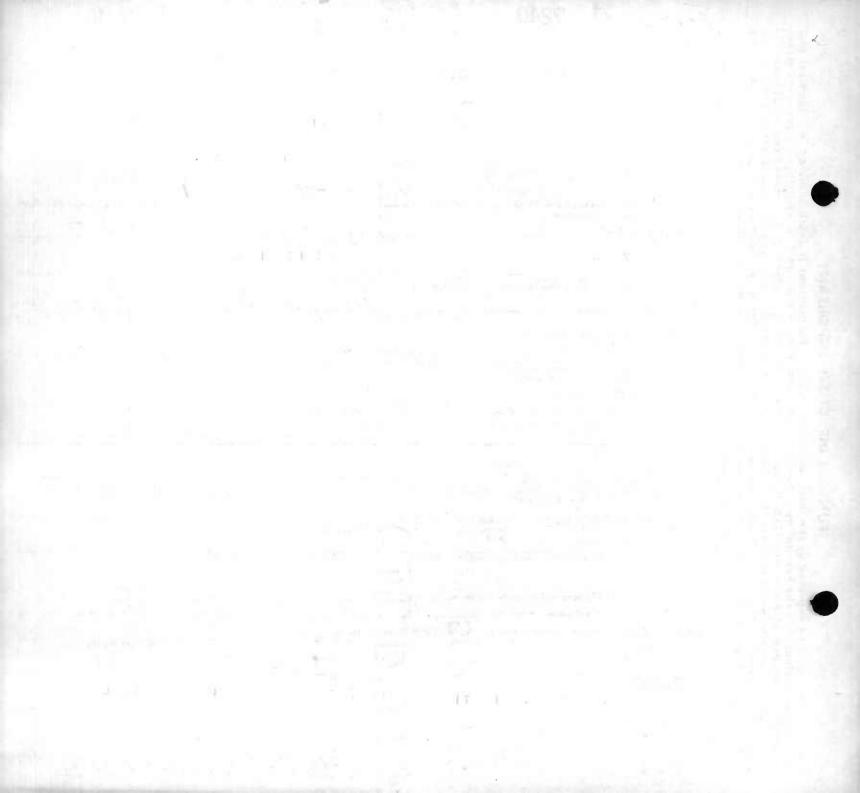
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

T 1/1 174 4000	BALTIMORE CITY	HEALTH DEPARTMENT	71 72	20
BIRTH NO. 1239	CERTIFICA	TE OF DEATH	REG. NO.	00
1. NAME OF DECEASED (Type or Print)	ucher	2. DATE AND 1	OUR OF DEATH	14:15 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where de	eceased lived, If institution	
FULL NAME OF IIF NOT IN HOSPITAL OR IN: HOSPITAL OR ADDRESS OR LOCATIONI	STITUTION, GIVE STREET	Bal	to-	- 107
INSTITUTION A R MA COLLAD	۸۰۰۸	C. CITY OR TOWN	D. INSIDE CITY	
Low Hope		E. STREET AND NUMBER	7 7 6	140
9		1702 8	Modeso	$\gamma$
5. SEX 6. RACE 7. MARRI		8. DATE OF BIRTH 9. A lost	GE (In yours lif Un Month	der 1 Yr. If Under 24 Hrs. Doys Hours Min.
10A USBAL OCCUPATION (Give kind of work 10B, KIND Tope during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign of	countryl 12. C	ITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	·	
Dagley, Co.	appea	Pass	e ma	Visit in
5. Was Decaded Ever in U. S. Armed Forces? Yes;ng.orunknown) [Iff yes, give war or dotes of service	SECURITY NO.	17. INFORMANT	)	ADDRESS
No.		Edith Spelle	1-1702C	. Midsen
18. 5 4/, 91	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		a dias	DALAN	
(This does not mean the mode of dying,	A) MMEDIATE CAL	A CONSEQUENCE OF:	avien	
heart failure, asthenia, etc. It means the disection which caused death.)	ise, For a	low the ac	idoois	
ANTECEDENT CAUSES	(8)	Debote	coma	
DISEASES OR CONDITIONS, if any, givenise to the above cause (A) stating	ing DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last	(c)	Cirren		
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  179. DATE OF OPERATION 179. CONDITION FOWAS PERFORMED  214. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20 A AUTOPSY? (Yes or No.) 20	B. IF YES, WERE FINDING I CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
OR COMPRISING TO MAKE OF	21B PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21G WHERE DID fice bldg, INJURY OCCUR?	(il in Boltimore City,	give exact location)
W IOR IN HIOV	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
(APPROX.)	While At Work Not While Work	• 🗆		1.
22. I certify that (1) (this hospital) attende	d the deceased from	7 25 7 19	10 712	7/7/19
that (we) last sow the deceased alive	n 7/27/7/	19and that 1	(aur) apinion de	eath accurred on the dat
and hour and from the couses stated above	. (Me) (dld) (did nor)	lew the body after death.		
23A. SIGNATURE	MO	nding Med. Staf		ATE SIGNED
g. Jeer for	DEGREE Phy	s. Director L Phys		7121
23C. PHYSICIAN'S NAME (Type) Figure 7		23D. ADDRESS	oking Hospi	+-1
	glass, M.D.	The Johns Hop		
24A. BURIAL CREMATION, 24R. DATE 24C	NAME OF CEMETERY OF CR	EMATORY 24D. LOGA	City, town	, or county! (State)
25A. DATE REC'D BY HEALTH DEPT.   25R. NAM	AE OF REGISTRAR	DSC FUNERAL DIRECTOR	J. Christ	DODRESS.
AUG 2 1971 02 45 2 0	700 01 P	25C. FUNERAL DIRECTOR	and Ano	11 ADDRESS
A TOWN TO CANADA	WARREST WARREST	The state of the s	Variate Italy CI	01110-00

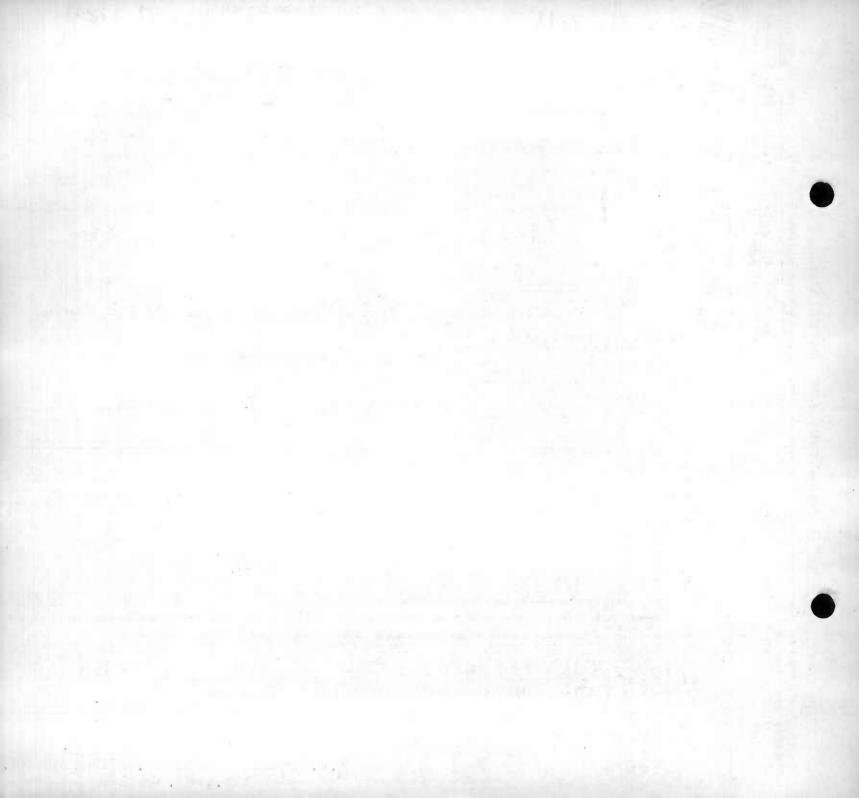
51 48 - Agot wrong Machaem 3 100) JE-11-24 47 Baglan, Cappen Perger, many - tours some riode a sold allow AMBO I obsigned Cordon 7/27

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

7-460 11 7240	CEDTIEICA	TE OF DEATH	REG. NO.	7240
		TE OF DEATH		
BIRTH NO.	CERTIFICA			
I NAME OF DECEASED		2. DATE AND HOL	UR OF DEATH	IA
Type or Print) JAMES A.	VAYLOR	29 JULX	1971	14- PM
3. PLACE IN BALTIMORE MARYLAND, WHERE P	RONOUNCED DEAD	114. USUAL RESIDENCE (Where dece	osed lived. If institution:	residence before admission)
		MARYLAND		007
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARTLAND		0 = (
HOSPITAL OR ADDRESS OR LOCATIONI	4	C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
THE JOHNS HOPKI	709 HESDITAL	BALTIMORE	YES T	No
The donn's		E. STREET AND NUMBER		
43			A 34 m	
		11	the state of the s	
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	last bir	E (In years If Und	ler 1 Yr. If Under 24 Hrs. Days Hours Min.
MALE NEGRO WID	OWED DIVORCED	7-30-97	mady 71	100
ICA USUAL OCCUPATION (Give kind of work 108, Ki	terminal ter		intry)  12, CI	TZEN OF WHAT COUNTRY
one during most of working life, even if refired)		: 0 0 0 :		
Laborer		4) austin	a) 11/1	1.5.7.
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
JAMES TAYLOR		MAGGIE PIECE		
OMMES IMPLOIT				
5. Was Deceased Eyer in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unknown! (If yes, give war or dates of se	mical SECURITY NO.	m 1.1.	1-517	P-LIA
M		11 prey daylay	1-1521h	Mell Bind We
18. [//// 91	CAUSE OF DEAT	TH /		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				DET TIEET CHOET AIRS SEATT
LEADING TO DEATH		CADASNO HOO	YTHMIAS	1 hour
		THE STATE OF	VIAIVIIIV	
(This does not mean the mode of dving	(A) IMMEDIATE CAL		y I remin	7 700 000
(This does not mean the mode of dying heart failure, asthenia, etc. it means the di	sease. DUE TO, OR AS	A CONSEQUENCE OF:		
	sease. DUE TO, OR AS	A CONSEQUENCE OF:		12/
heart failure, asthenia, etc. It means the di	sease. DUE TO, OR AS	A CONSEQUENCE OF:		12 hours
heart failure, asthenia, etc. It means the di injury or complication which caused death. ANTECEDENT CAUSES	sease. DUE TO, OR AS	A CONSEQUENCE OF:		12 hours
heart failure, asthenia, etc. It means the di injury or complication which caused death.	giving DUE TO, OR AS	A CONSEQUENCE OF:  APP THE / N F I  S A CONSEQUENCE OF:		12 hours
heart failure, asthenia, etc. It means the di injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		12 hours
heart failure, asthenia, etc. It means the di injury or complication which caused death, ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	giving DUE TO, OR AS	A CONSEQUENCE OF:  APP THE / N F I  S A CONSEQUENCE OF:		12 hours
heart failure, asthenia, etc. It means the di injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last.	giving the (C)	ACONSEQUENCE OF:  ACDIAC / N.F.  S A CONSEQUENCE OF:  NATURAL ACTURNAL  OF THE PROPERTY.		12 hours
heart failure, asthenia, etc. It means the disinjury or complication which caused death,  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM	giving (b) DUE TO, OR AS (C) DUE TO, OR AS	A CONSEQUENCE OF:  APP THE / N F I  S A CONSEQUENCE OF:		12 hours
heart failure, asthenia, etc. It means the di injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TEAT DISEASE OR CONDITION GIVEN IN PART 1 (A)	giving giving (B) DUE TO, OR AS (C) DUE TO, OR A	ACONSEQUENCE OF:  CARDIAC /NE  S A CONSEQUENCE OF:  WHOLK ACTORING  MANY ACTORING	ARCETTAN DIJEASE	12 hours
heart failure, asthenia, etc. It means the di injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, If any, rise to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TEAT	giving giving (c) DUE TO, OR AS (C) DUE TO, OR A	A CONSEQUENCE OF:  APDIAC / N.F.  S A CONSEQUENCE OF:  NATURAL  (20A. AUTOPSTE (Yes or No)) 20B.		12 hours 3 yrs.
heart failure, asthenia, etc. It means the di injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, size to the above cause (A) stating UNDERLYING CONDITION task.  OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TEND DISEASE OR CONDITION GIVEN IN PART 1 (A) 192 CONDITION WAS PERFORME	giving (E) DUE TO, OR AS (C) D	A CONSEQUENCE OF:  ARDIAC / NE  S A CONSEQUENCE OF:  NATURAL  ACOUSTINE  20A. AUTOPSTY (100 OF No.) 20B.  IN	APZE PTAN DIJE 148 E . IF YES, WERE FINDING CERTIFYING CAUSES OF	12 hours 3 yrs.
heart failure, asthenia, etc. It means the di injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, size to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TENT DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	giving (B) DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS THE (C) DUE TO, OR AS THE COLUMN TING AINAL	A CONSEQUENCE OF:  APDIAC / N.F.  S A CONSEQUENCE OF:  WARN ATTRICKS  20A. AUTOPST? (Fee or No) 20B.  IN or obout[2] C. WHERE DID	APZE PTON DIJE ASE	12 hours 3 yrs.
heart failure, astheria, etc. It means the district or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, size to the above cause (A) stating UNDERLYING CONDITION task.  It of the condition to the test of the test of the test of the condition given in Part 1 (A).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	giving (E) DUE TO, OR AS (C) D	A CONSEQUENCE OF:  APDIAC / N.F.  S A CONSEQUENCE OF:  WARN ATTRICKS  20A. AUTOPST? (Fee or No) 20B.  IN or obout[2] C. WHERE DID	APZE PTAN DIJE 148 E . IF YES, WERE FINDING CERTIFYING CAUSES OF	12 hours 3 yrs.
heart failure, asthenia, etc. It means the disinjury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  17A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO CONTRIBUTING CAUSE OF DEATH (notify medical examined)	giving gi	A CONSEQUENCE OF:  APPTAL / N F  5 A CONSEQUENCE OF:  WARK ATTRICKY   20A AUTOPST? (Yes or No)  10 or obout 21C. WHERE DID  office bidge injury occurr	APCETTAN  DIJE 145 E  IF YES, WERE FINDING CERTIFYING CAUSES OF	12 hours 3 yrs.
heart failure, asthenia, etc. It means the di injury or complication which caused death,  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION WAS PERFORMED  2104. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	giving giving the (c) DUE TO, OR AS (B) DUE TO, OR AS (C) DUE TO,	A CONSEQUENCE OF:  APP AC NEW ACCOUNTS  A CONSEQUENCE OF:  WHAT A CONSEQUENCE OF:  WHAT A CONSEQUENCE OF:  WHAT A CONSEQUENCE OF:  WHAT A CONSEQUENCE OF:  20A. AUTOPST? (Yes of No.)  20B. IN  In or obout 21C. WHERE DID  Inflice bldg., INJURY OCCUR?	APCETTAN  DIJE 145 E  IF YES, WERE FINDING CERTIFYING CAUSES OF	12 hours 3 yrs.
heart failure, asthenia, etc. It means the disinjury or complication which caused death,  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examined)	giving giving the (c) DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS THE TOTAL TO THE TOTAL T	A CONSEQUENCE OF:  ACONSEQUENCE OF:  WATER ACTORING  20A AUTOPST? (Yes of No)  In or obout 21C, WHERE DID  Indian of Obout 21C, WHERE DID  INJURY OCCUR?	APCETTAN  DIJE 145 E  IF YES, WERE FINDING CERTIFYING CAUSES OF	12 hours 3 yrs.
heart failure, asthenia, etc. It means the disinjury or complication which caused death,  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, tise to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TEXT DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (Year) (Hour (APPROX.)	giving giving the (c) DUE TO, OR AS DUE TO,	A CONSEQUENCE OF:  A CONSEQUENCE OF:  WATER ACTORING  20A AUTOPST? (Yes of No.)  In or obout 21C, WHERE DID  office bidge injury occur?  21F. HOW DID INJURY C	APCE PTON  DIJE ASE  IF YES, WERE FINDING CERTIFYING CAUSES OF	12 hours 3 yrs.  3 yrs.  SS CONSIDERED DEATH?
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BALTIMORE CITY HEALTH DEPARTMENT

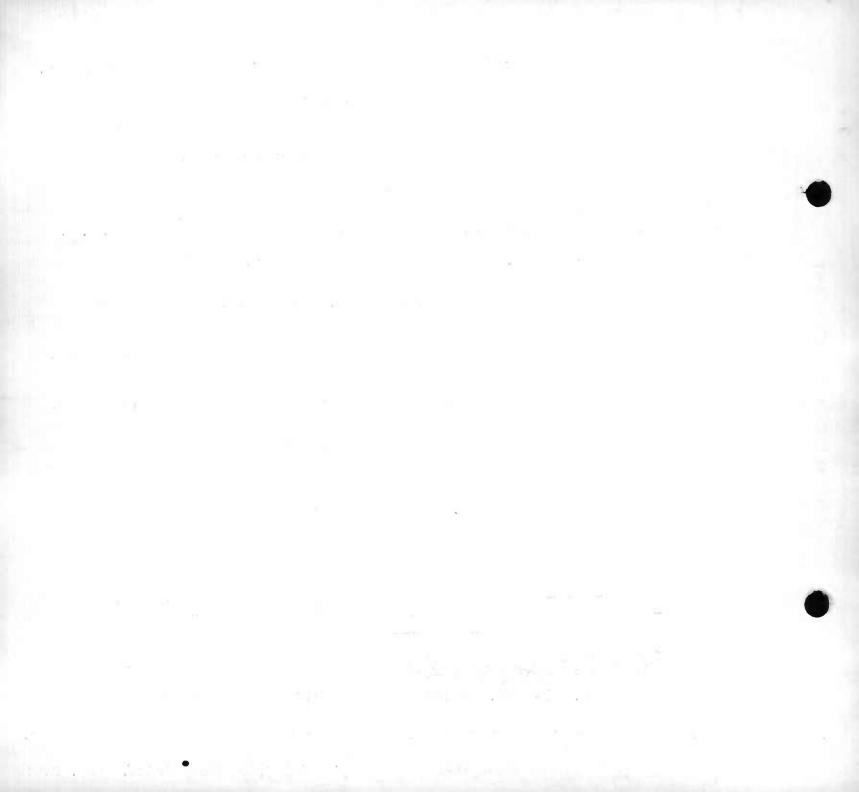


FUNERAL DIRECTOR: IMPORTANT

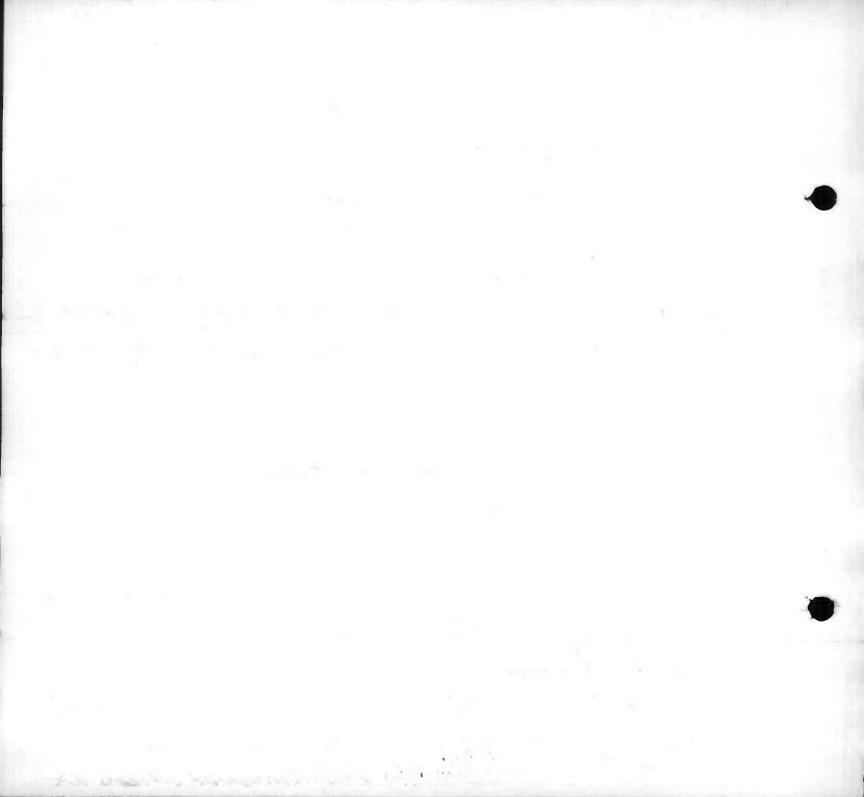
BIRTH NO.	71 724		HEALTH DEPARTMENT OF DEAT		71 7242
(Type or Print)	Etta	B. Brown	ing	E AND HOUR OF DEAT	
3. PLACE IN BALTIF	MORE, MARYLAND, WHERE I		4. USUAL RESIDENCE	uly 31, 197 (Where deceased lived, II	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland c. City or town Baltimor	D. IN	VISIDE CITY LIMITS?
00	2819 N. Calv	vert St.	E. STREET AND NUMB		YES 🗶 NO 🗌
F	WIDO	RRIED NEVER MARRIED. S	8. DATE OF BIRTH 4/10/1900	9. AGE (In yeors lost bithdoy)	Il Under 1 Yı. If Under 24 H. Months Doys Hours Min.
ione during most of wor	king life, even it retired)	nd of Business or INDUSTRY  for the Blind	Boyle Cou		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	0.0011
Francis	M. Browning		Nichatie	Smith	
5. Was Deceased Ev Yes, no or unknown) ((f	er in U. S. Armed Farces? yes, give wor at doles of se.	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		216-56-2616	Mrs. Hall:	ie F. Dieck	man (Same)
CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	OR CONDITION DIRECTLY ADING TO DEATH meon the mode of dying, thenia, etc. It means the dis coalian which coused death.) TECEDENT CAUSES  CONDITIONS, if any, above cause (A) stoling CONDITION last  II ANT CONDITIONS CONTRIBUTION OF RELATED TO THE TERM DITION GIVEN IN PART 1 (A). TERATION 1798. CONDITION WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED	e.g., DUE TO, OR AS A DUE TO,	A CONSEQUENCE OF:  Lenguence OF:  Lenguence OF:  20A-AUTOPSY? (Yes of	Tas cular W	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT	WAS UNDERLYING	21B. PLACE OF INITIBY (e.g. in	NO WHERE DI	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTION	dicol exomined	home, farm, factory, street, aff	ice bidg., INJURY OCCU	C print continue	and Alike gract location!
	lanth) (Day) (Yeor) (Haur)	21 E INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID	INJURY OCCUR?	
thot (1) (we) los	st sow the deceased alive	ded the deceased from on	19.7/one	19 Z(toJ)  that In(my) (our) op	ILY 3/f 19 Z
23A. SIGNATURE			o oday offer deo	1110	23B. DATE SIGNED
Fran	Mr. M. Goden.	M. 6 DEGREE Phys.	Med. Director	Stoff Phys.	Aug. 2, 1971.
	Dr. Frank N.	Ogden	2701	N. Calvert	
A. BURIAL CREMA	TION, 24B DATE 2	DEGREE OF CEMETERY OF CREA	MATORY 24E	LOCATION (C	ity, town, ar county) (State)
Burial	0 /0 /	Lorraine Park		71.1.0	
AUG 2 10	HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECT	ns & Sons C	ounty, Md.
150-REV. 1/1/68	Transferred Co. Acres	The state of the s	1 64 64	Balto., M	ld. 21212



W-636 71 7243		HEALTH DEPARTMENT	REG. NO	71 7243
1. NAME OF DECEASED (Type of Print)  Dora E. W	ard		1, 1971	177.75 /
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU  FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION!  652 Parkwyrth Avenue		A. STATE B. COUN Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER	D. INSI	DE CITY LIMITS?  YES * NO
5. SEX   6. RACE   7. MARRIED   WIDOWED	DIVORCED <sup>*</sup>	5-30-1892	O. AGE (In years ast birthdoy)	If Under 1 Yt. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)  Own H  13. FATHER'S NAME  JOSEPH T. SV	lome	Anne Arundel 14. MOTHER'S MAIDEN NAM	County,	U.S.A.
(Yes, no or unknown) (If yes, give war or dates of service)	6. social Security No. 16–18–7175	Mr. Bernard	M. Ward	Address Same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	DUE TO, OR AS A	SE Arterioscle CONSEQUENCE OF: Vasc Ocardial infa A CONSEQUENCE OF:	ular disea	dio- 10 yrs. ase 5 yrs.
19A. DATE OF OPERATION 19B. CONDITION FOR W. WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. P	LACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No) NO or obout 21C. WHERE DID ico bidg., INJURY OCCUR?	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?  O City, give axoct location)
OF INJURY (APPROX.)  While Work  22. 1 certify that (1) (this hospital) attended the that (1) (we) last saw the deceased alive on and haur and fram the causes stated above. (1)  23A. SIGNATURE  23C. PHYSICIAN'S	At Work deceased from July 26, (We) (did) (did not) vi	19 71 and the ew the body after death.  Iding Med. Director 1330. ADDRESS	971 to Augu	238. DATE SIGNED Aug. 2, 1971
24A. BURIAL CREMATION, 24B. DATE 24C.NA/ REMOVAL (Specify)	DEGREE ME of CEMETERY OF CRES EL Air Memo		Bel Air,	y, town, or county! (Stote)  Md.



111 1/30	BALTIMORE CITY	HEALTH DEPARTMENT	\/	174 130 44
71 79014	CERTIFICA	TE OF DEATH	REG. NO	/1 7244
I.NAME OF DECEASED			/	
(Type or Print) Will's Joshua	D.	2. DATE A	30/70	7/ 1 12 = 12
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	TUTION, GIVE STREET	MD.	BAL	
INSTITUTION	, 1	C. CITY OR TOWN E	- 36 A	IDE CITY LIMITS?
UNIVERSITY OF HARYLAND	HOSHITA	E. STREET AND NUMBER	6	YES NO NO
	7	585 Welbro	OKRG. BA	1/to Hol _
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years lost bisthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
WIDOWED		2/2/10	61	
10A, USUAL OCCUPATION (Give kind at work 10B, KIND O done during most of working life, even it retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
BAlto Co. Board of Educ.		Va-		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
MM. A. WILLS		LULA	B PA	Las
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	<i>\(\begin{array}{cccccccccccccccccccccccccccccccccccc</i>	ADDRESS
UNK	226-07-3392	MATIE	211121	- 0 - 145
18. / (-2 / 1	CAUSE OF DEATH		WILLS	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0.	0	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	E aranon	ie hun	P(B) IVEAR.
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO OR AS A	CONSEQUENCE OF:	(	
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:		*******************************
nise to the obave cause (A) stoling the UNDERLYING CONDITION tost.	(c)			
11	(0/		***************************************	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Bar:	Metasta		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	C / Verzesia		
19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(ii in Boltimor	e City, give exoct location)
DEATH (notify medical examiner)	ne, larm, factory, street, aff	ice bidg., INJURY OCCUR?		
Q 21D.TIME (Month) (Day) (Year) (Hour) 21E	INJURY OCCURRED	21 F. HOW DID IN	IURY OCCUR?	
	nile At Not While			/
22. I certify that (1) (this hospital) attended t		7/11/21	19ta	2/30 1977
that (1) (we) last saw the deceased alive on	7/30/7/	//		nian death accurred an the date
and haur and fram the causes stated abave. (	l) (We) (did) (did nat) vi			4
23A. SIGNATURE		,		23 B. DATE SIGNED
for Alexias	Atter Phys.	ding Med.	Staff Phys.	7/30/21
23C. PHYSICIAM'S NAME (Type)	DEGREE	3D. ADDRESS		
Jose VII glesiAs	M.D. DEGREE	University	& MARYLAN	DHOSPITAL
	AME of CEMETERY OF CRE	MATORY 24D.	OCATION (Ci	ly, town, or countyl (State)
BURIAL 8/2/71 6.	ARDERS OF	FAITH	BALTO.	11 D.
	OF REGISTRAR	25C FUNERAL DIRECTO		ADDRESS
	E. Varber M.D.	L. H. Por	ralestone 3	De Mare Gro
VS 150-REV. 1/1/6B		7		



		1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0-630 71-7245	BALTIMORE CITY	HEALTH DEPARTMENT	V	1714 1510 45	
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	71 7240	
1. NAME OF DECEASED (Type or Print)	To	2. DATE AN	ID HOUR OF DEATH		
JOHN JOICI,	JK	2115	y 30, 19.	11 9:15 6	I. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. II in	stitution: residence before admi	ission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	MARY ZAND	allegue.	DE CITY LIMITS?	/
MNIVERSITY OF MARY	LAND	GUMBERLA		YES NO	
		E. STREET AND NUMBER	WOOD LF	INE	
5. SEX 6. RACE WIDOWED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 2. Months: Doys Hours A	4 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or force	gn countryl	12. CITIZEN OF WHAT COL	JNTRY?
	ROADS	M24 - WI	ARYLAND	N.2.4.	
13. FATHER'S NAME LEWIS		14. MOTHER'S MAIDEN NAM		11	
JOHN, ORI, DK,		MARIE	SIMI	118	
15. Was Deceased Ever in U. S. Armed Farces! (Yes, ne grantfown) (If yes, give war or doles of service)	SECURITY NO.	LYDIA ORT	SIOLE	MWOOD LIFT	85
18. 4/2/-	CAUSE OF DEATH	A.C.	117	APPROXIMATE INTER	
DISEASE OR CONDITION DIRECTLY		ATSC	30	BETWEEN ONSET AND	DEATH
(This does not mean the mode of dying	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:		2.42 丰林、	
heart failure, asthenia, etc. It means the asease injury ar camplication which caused death.)					
ANTECEDENT CAUSES	(B) (B)		E N	CHIMICAL	7
DISEASES OR CONDITIONS, if any siving	DUE TO, OR AS	A CONSEQUENCE OF:		(	2
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) 110 E			di Premio -	Ħ
11	64			/ 1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	RESE	THE WAY	ARDITIS,	a-mon	ZH
19A-DATE OF OPERATION 19B CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE F	INDINGS CONSIDERED	
OR CONTRIBUTING   21B. PL OR CONTRIBUTING   CAUSE OF DEATH (notify medical experime)	ACE OF INJURY (e.g., in form, factory, street, all	ar obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Soltimare	City, give exoct location	
O 21D-TIME (Month) (Doyl (Year) (Hour) 21E IN	JURY OCCURRED	21 F. HOW DID INJI	URY OCCUR?		
While (APPROX.)	At Not While	LAPER			
22. I certify tha (1) (this hospital) attended the		WESC 1	9 7110 5112	-V 30 107	_
tho (1) (we) last sow the deceased alive on	42y 30	CT 1		ion death accurred an the	date
and haur and from the causes stated above (1) (	We) (did) (did not) vi	ew the bady after death.	. )		
23A SIGNATURE	· MO After		Shaff + Pol	23B, DATE SIGNED	20)
23C.PHYSICIAN'S	DEGREE Phys.	3D. ADDRESS	Shaff Phys.	Jenny 20 L	177
NAME (Type) NTHON V T. RA	NERIMO	225. GREET	NE ST B	ALT MO	
	E of CEMETERY OF CRE	0-1-0-1	0 1	, town, or countyl (Sto	otel
	et Memorial	Park / Nr.	Cumberland	Allegany Mo	-0
25A. DATE RECOUGHOUTH TO SENAM OF	EGICRAR	25C. FUNERAL DIRECTOR	afer Funeral	ADDRESS	7
VS 150-REV. 1/1/68	and seed	EDC / 200 1/1/11	30 Balto Ave	Constitution	



V\$ 150-REV. 1/1/68

U-140 71 7246	Transfer of the second	TE OF DEATH REG. No. 171 7246
1. NAME OF DECEASED (Type or Print)  UEBEL, THOMA	S L	2. DATE AND HOUR OF DEATH 7 30 71 , 7:30 PM
FULL NAME OF HOSPITAL OR INSTITUTION  ST AGNES HOSPITAL  WILKENS & CATON AVES BALTO, MD. 21229	NSTITUTION, GIVE STREET	A. STATE B. COUNTY MD. BALTIMORE  C. CITY OR TOWN BALTIMORE  E. STREET AND NUMBER  6 AUGUST AVE - BALTO.
MALE I MILITE I	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ICA, USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if refired) MAINTENANCE MAN		11. BIRTHPLACE (Stoto or foreign country)  MARYLAND  USA
GEORGE UEBEL		(STAUEITZ)
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give wor or dotes of ser	ice) 16. SOCIAL SECURITY NO. 217 44 668	ST AGNES HOSP., BALTO., MD.
DISEASES OR CONDITIONS, if any, grise (a the obove cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	(c)	A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTUBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., informe, form, foctory, street, of	n or obout 21C. WHERE DID (If In Boltimore City, give exect location)
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED  While At Not While Work At Work	215. HOW DID INJURY OCCUR?
MITTON	ALOW THE WILLIAM	
22. I certify that XIX (this hospital) attend that XIX (we) last saw the deceased alive and hour and from the causes stated about 23A. SIGNATURE	an 7.30.  veX(i) (We) (did) Wird WeiX	7 26 19 71 to 7 30 19 71  19 71 and that in (%) (our) opinion death occurred on the date lew the body after death.    238 DATE SIGNED
22. I certify that XIX (this hospital) attends that XIX (we) last saw the deceased altre and hour and from the causes stated about 23A. SIGNATURE  ALTERIA A. Var gue 23C. PHYSICIAN'S NAME (Type) DONATO VARGA:	an 7.30.  veX(i) (We) (did) Arthur Phys	7 26 19 71 to 7 30 19 71  19 71 and that in (%) (our) opinion death occurred on the date elew the body after death.  238. DATE SIGNED  230. ADDRESS  ST AGNES HOSPITAL., BALTO., MD.

. . 

VS 150-REV. 1/1/68

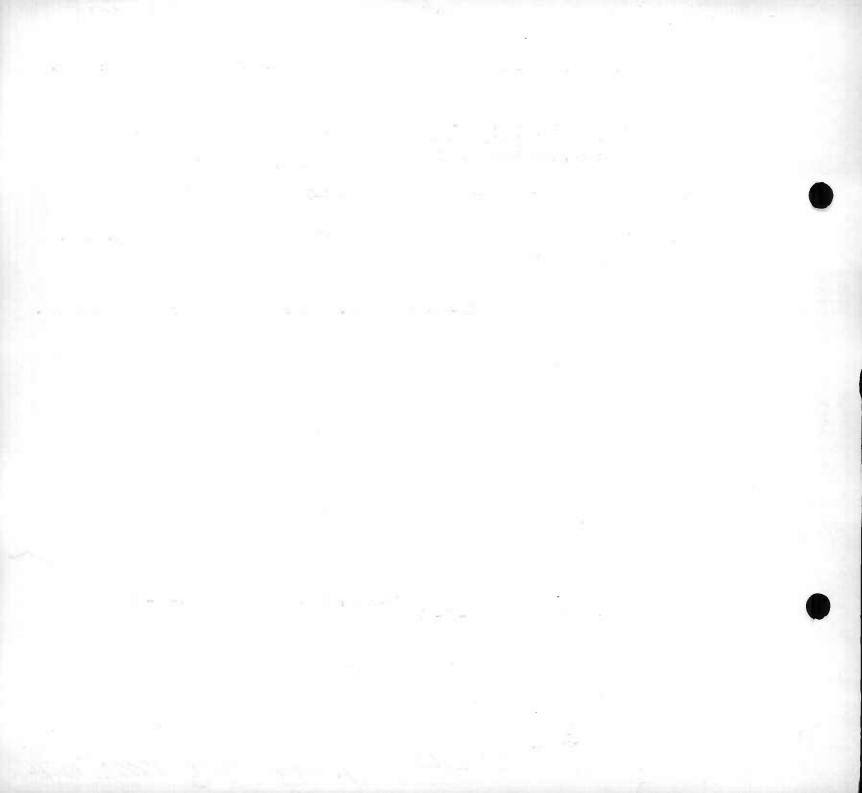
IMPORTANT

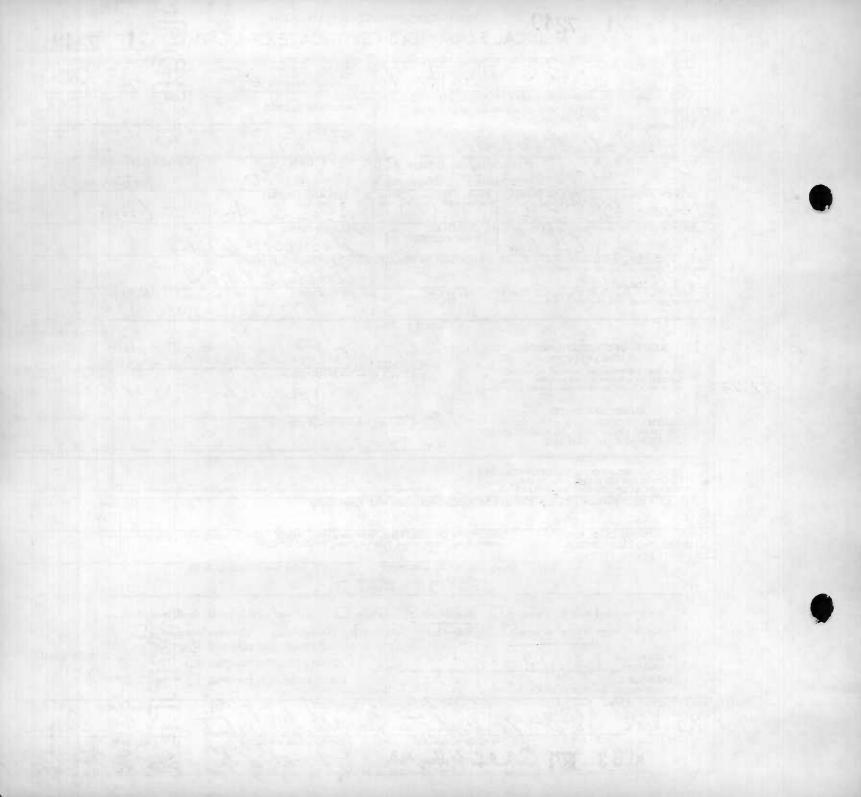
FUNERAL DIRECTOR:

111 1636			BALTIMORE CITY	HEALTH DEPARTMENT	т	ליא מוש אני
BIRTH NO.	1 7247		CERTIFICA	TE OF DEATH	REG. NO	71 7247
I. NAME OF DECEASE				2, DATI	AND HOUR OF DEATH	
STER		SURSKI		J	my 31/	71 18:02 A M
3. PLACE IN BALTIMO	RE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (	Where deceased lived. If in	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION)	JTION, GIVE STREET	C, CITY OR TOWN		IDE CITY LIMITS?
Church	Home	4-	Hospital	BATIME. STREET AND NUMBE	/3 A 44 A	YES NO
3.5			V	1710 8-	Pratt St.	
SEX 6. R.	W	7. MARRIED [ WIDOWED [		8. DATE OF BIRTH	9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPAT	ON (Give kind of work	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	fareign countryl	12. CITIZEN OF WHAT COUNTRY
LONGS HORE		_		Polann		U.S.
FATHER'S NAME	1 1	,		14. MOTHER'S MAIDEN	NAME )	
Tohn!	MALLON	ack!		MIKAU	11/	
. Was Doceased Ever as, no or unknown) (If y	in U. S. Armed Fore	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	10	ADDRESS
nla	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		711-17-EN H	Burged W	alequieles.	Some
18. / / 7 /	1 -		CAUSE OF DEATH	1 2001010010	Julian	APPROXIMATE INTERVAL
	CONDITION DIR	ECTLY		0 :-		BETWEEN ONSET AND DEATH
	oing to DEATH	duta	(A) IMMEDIATE CAUS		n' fra a	etwo few minut
hoart failure, asth	nia, etc. It means	the disease,	DUE TO, OR AS A	CONSEQUÊNCE OF:	himaply is	0
	tion which caused	death.)	P			
	CEDENT CAUSES		(B)DUE TO, OR AS	A CONSEQUENCE OF:	/ /	Sundeferi
	ONDITIONS, if cove cause (A) NDITION last		(c) Shob	aly Lung	Cancer	
	- 11		(0/2000	_//	***************************************	
TO THE DEATH BU	T CONDITIONS CON T NOT RELATED TO TH TION GIVEN IN PART	E TERMINAL	*******************	***************************************	*****************************	
19A-DATE OF OPE	RATION 198 CONE	NON FOR W	HICH OPERATION	20A. AUTOPSY? (Yes o	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WOR CONTRIBUTING	AS UNDERLYINO CAUSE OF	21 B. home otc.)	PLACE OF INJURY (e.g., in a, form, factory, street, offi	or about 21 C. WHERE DIS	O (If In Balilmor	e City, give exact location)
21 D. TIME (Mo	nth) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?	
(APPROXI		Wark	Not White			
22. I certify that	(1) (this hospital)	attended th	e deceased from	cuf 31		V 3/ 19 )/
that (1) (we) lost	saw the deceased	i altve an	M 31	19 <u>7/</u> and		nian death accurred on the date
	the causes state	ed above. (I)	(We) (did) (did nat) vi	ew the bady after dea	th.	
23A. SIGNATURE	0 -					23B, DATE SIGNED
949 4	ndolov	MD.	DEGREE Phys.	ding Med. Director	Staff Phys.	Jul 31/71
23C. PHYSICIAN'S NAME (Type)	BEHMA	P,	ZN DOWN MA	D. ADDRESS Church	bar 2	Assilt .
4A. BURIAL CREMATI REMOVAL (Specif	ON, 248. DATE	24C. NA	ME of CEMETERY OF CREA	AATORY 240	LOCATION (Ci	ly, tawn, ar county) (State)
REMOVAL (Specif	1 8-4-	11 16	11 Rosal	1 Pr 1	Dog Wall	PRITTO mal
A. DATE REC'	EATH DER	268. NAME O	FREGISTRAR	25C. UNERAL DIREC	TOR	OHA ADDRESS
700	0 19/1	Koberts &	Varben Ka	your mi	Well & Sar Ma	CHESTER SI



M-635	BALTIMORE CITY	HEALTH DEPARTMENT	71	7248
ыкти No. 71 7248	CERTIFICA	TE OF DEATH	REG. NO.	1210
1. NAME OF DECEASED (Type or Pnnt)		1	AND HOUR OF DEATH	
Martin, Beatrice			27-71	12:45 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (WI	here deceased lived. If institut	ion: lesidence before admissie
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	ITION. GIVE STREET	Maryland		1604
		C. CITY OR TOWN	D. INSIDE C	CITY LIMITS?
Provident Hospital,		Baltimore		s≰ no □
2600 Liberty Heights		E. STREET AND NUMBER		
Baltimore, Maryland	21215	1931 Edmond	lson Avenue	
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		Under 1 Yr. If Under 24 H
Female Negro WIDOWED		8-24-94	lost birthdoy) 67	onder 1 76. If Under 24 H
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or io	reign country)   12	CITIZEN OF WHAT COUNT
ione during most of working life, even if refired)		(4	2.1	
Unemployed  3. FATHER'S NAME		Maryland \	fallemore)	U. S. A.
1/10 0		14. MOTHER'S MAIDEN N	AME	
Harry Kich		Laura Co	ales	
5. Was Deceased Ever in U. S. Armed Forces? res, no or unknown! (If yes, give wor/or dotes of service!	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Man Vi	· (D-1) 200	0/. 0
18. 4/22 C L/ 250 S	213-10-9009 CAUSE OF DEAT		ner (Palmer) 322	4 Segura Ave.
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DE
LEADING TO DEATH		SE Cerebrorga	1. And set	3 days.
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	yar vuio and	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)				ļ
ANTECEDENT CAUSES	Cash	1 1/2-1		1
DISEASES OR CONDITIONS, il ony, giving	(B) OR AS	A CONSEQUENCE OF:	<u> </u>	
rise to the obove cause (A) stating the	0		10 4	
UNDERLYING CONDITION Iast.	(c) Cerebr	M Atherosc	1 EVEIJ	
Z 071/56 510 111	(h) he hete	, mollitus		- 8 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		njakkicieny.	-	- 5 dass
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198. CONDITION FOR W WAS PERFORMED				
WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INTERNAL - 1	/		
OR CONTRIBUTING CAUSE OF home	, iorm, ioclory, street, of	or about 21C. WHERE DID	(II In Soltimore City	, give exoct locotion)
I OF INJURY	NJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROXI	At Work	· 🗆		
22. I certify that (I) (this haspital) attended the		y 17, 1971	19 + 7-27-	71
that (I) (we) ast saw the deceased alive an	7-27-71	<del></del>	10	17
		19and t	hat in (my) ((aur) opinion	death accurred an the d
and haur and from the couses stated abave. (I)	(We) (dld) (dld nat) v	ew the bady after death.		
10 1 F/ D/ 1	4.4	41-	1 -	DATE SIGNED
Robert Markon Min.	DEGREE Phys	Med. Director	Shaff Phys. 2	8 July, 1971
23 C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		
Robert C. Black	mon, M.D.	Provide	nt Hospital	
4A. BURIAL CREMATION, 24B. DATE 24C. NAT	ME OF CEMETERY OF CRE			rn, or county) (Stote)
REMOVAL (Specify) 7-3/-7/ 9	Emile F	of Y	a MAD A TOTO	9)
5A. DATE RECIDAL HEALTH DENT. 1268. NAME CO	PENSTRAN	$a_{l}$	The state of the s	Va
AUG 3 1971 (1618 E. F.	Liber 160	25C. FUNERAL DIRECTO	Hekups 20	150 Mi heart
150-REV. 1/1/68	1 - Land 20 1	7	· · · · · · · · · · · · · · · · · · ·	xx 11.1101114
12V-RL V. 1/1/00				





FUNERAL DIRECTOR: IMPORTANT

11-143	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 71 7250	CERTIFICA	TE OF DEATH		71 7250
1. NAME OF DECEASED	1	2. DATE AN	D HOUR OF DEATH	30
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE (When	o deceased lived. If ins	M. M. tilution: residence before admission)
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION	TION, GIVE STREET	md.		1606
George Washington NH.	2 .	C. CITY OR TOWN	D. INSIE	E CITY LIMITS?
Washington NH.		E. STREET AND NUMBER		YES NO
0		925 N. FRAM	x/intaun	Rd.
5. SEX 6. RACE 7. MARRIED X	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Menths Doys Hours Min.
	SUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	gn countryl	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  NUTSES AIDE  13. FATHER'S NAME  JAMES VSON		North G	arolina	american
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
JAMES TYSON		Belle	フ・	
(Yes, no or unknown) (If res, give wor or doles of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	/	PADDRESS QUE
18, 7, 5, 0, 0	9	Chart.	607	Dettind 21201
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	all apri	nlely-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	se /	9	2day.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CONSEQUENCE OF:	1	
ANTECEDENT CAUSES	P	4501/	$\langle \rangle$	has
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF	00-0	
	(c) Kha	bette me	letus	
UNDERLYING CONDITION IOSE  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	0:10 (5	1620		
	CVH	1910,	1911,	1969
198. DATE OF OPERATION 198. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIL	NDINGS CONSIDERED SES OF DEATH?
	ACT OF INTERPRET	NO		
OR CONTRIBUTING CAUSE OF home,	farm, factory, street, off	or about 21C. WHERE DID INJURY OCCUR?	(II In Boltimore	City, give exect location)
	NJURY OCCURRED	21F. HOW DID INJU	BY OCCUR?	
OF INJURY (APPROX.)  21D.TIME (Month) (Doy) (Yeorl (Hour) 21E, IP While Work	At   Not While At Work			
22. I certify that (1) this hospital) attended the		7-29- 19	7/ 10 7-	29-19/
that (1) (we) last sow the deceased alive on	1-29		t In(my) (our) opini	on deoth occurred on the dote
and hour and from the couses stoted obove. (1) (	We) (did) (did not) vi	ew the body ofter deoth.		
William & Jes	Atten	ding 1500 Med. S	roff 🖂	3B. DATE SIGNED
23C. NYSICIAN'S	DEGREE Phys.		hys.	10/11
Dr. Richard F. Tyson,  24A- BURIAL CREMATION,  24B, DATE    24C, NAM	MD		Avo Po	1+0 Md 01017
	LE OF CEMETERY OF CREA	936 W. North		town, or countyl
Bureal 8-1-11 We	stern Star	Cenilly 134	Eternox.	Inde
25A. DATE REC'D BY HEALTH DEV. 25E. NAME OF	RESTRANCE.	25C-FUNERAL DIRECTOR	1	ADDRESS ADDRESS
Ve 160 86V 1/1/49		March 4	mes LL	2h. norther.

Burne Et H water all and hard there was made

		6	-656	104 6	- 4		BALTIMORE CIT	Y HEALTH DE	PARTMENT		71	7951
	ED OF	BIRTH		71	7251		CERTIFICA	ATE OF	DEATH	Registered No.	1	1201
ana	ase th th Suc	1.NA	CASE NO.	ED / -	. **	/ -	<del>-</del>	-1	2. DATE A	ND HOUR OF DEATH		. 30
> =	D 9 5 .		or Print)	W	rller	Carl	Ter (WALT	ER CHAT	ER	7/3//19	2/	5 - PM.
hospit	000	3. PL	ACE OF DEATH		RE, MARTLAN	ME	NDED	4. USUAL R	B. COU	ere deceased lived. If i	institution: res	idence before admission)
hos	dan dan de	EL	SPITAL OR	oddress of	o italiani indi	Total Agric	mee	C. CITY OR	09 6	gerton	KK	- 1011
2 0	se;		STITUTION	0	Alevan	0	Tospita	1	BAOD	utede city limits, write	KUKAL ONG	give township)
ء. ا	att or	9	marke	med (	Tener	4 1	Jogica	D. STREET A	DDRESS (III	rurol, give lacation!	101	1
0, 1 8	ed ca ar at prior de.		0					23	09 8	gerlon	Rd	
5	9 5 - 7 5	5. SE	malo 6. B	ACE	7. WI	DOWED, DI	ORCED (specify)	B. DATE OF	2/162.3	9. AGE (In years lost birthdoy)	If Under Months:	1 Yr. If Under 24 Hrs. Days Hours Min.
. 3	ermi regu easec is m	10A. I	. ~	TION (Give kin	d of work 108. K	IND OF BUS	INESS OR INDUSTR	Y 11. BIRTHPLA	CE (State or fore	eian country)	112. CITIZI	EN OF
+ +	in i		during most of work			0	15.	nin	1 4 4 0	7.0.		T COUNTRY?
9	Und as e d e d	13. F.	ATHER'S NAME	econ		all	lge	14. MOTHER	S MAIDEN NA	ME.		
_ =	direct or c ; (4) Undet th was in in the dec	1/1	10000.	0	o sto			Cas	100	Perry		
Z	~ 77 - 0	15. W	as Deceased Eve	r in U. S. Ar	med Forces?	6.	SOCIAL	17. INFORMA	ANT	1000		ADDRESS.
S F E	kind dea nce final	(res,	orunknown) (If		UIL OF BOT SO	P/2	SECURITY NO.	Mus. X	erila	Certer-	330	9 Eguston
ORT	ed dan	3	8.412	3	F	63	CAUSE	OF DEATH				NTERVAL BETWEEN
AP AP	of a				ON DIRECTLY	1	J37 PU	LMON	VARG	MENA		~3 Rowles
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	oro bal		neoil foiluie, ostl njuly al camplic	nenio, elc. II	meons the d	isease	3					
0 =	fra gel		ANT	ECEDENT C	AUSES	3	(8) Art	erioscie	rotic ne	eart disease		
2 5 E	KA Pa		DISEASES OR									
3 H &	(3) ex		ise to the c JNDERLYING C			g dh	(C)					.0
die o	ns; icia vas	-	THE RESERVE	1 1 1 S	7.1							The second
A P	burr burr hysi n w	<u>                                    </u>	OTHER SIGNIFICATION THE DEAT	H BUT NO	T RELATED	TO THE	3					
NER I	dy b dy b e ph ician he re		9A. DATE OF OP	ERATION 15	B. CONDITION	N FOR WHIC	H OPERATION	20 A. AUT	OPSY? (Yes or N	O) 208. IF YES, WERE	FINDINGS	CONSIDERED
S S	Bo th th	MA Lai	2					1	1es			123
시 교 원	(2) (2) ere o ph	10	A ACCIDENT	G CAUSE	OF	home, fo	CE OF INJURY (e.g., rm, factory, street,	office bldg., INJ	URY OCCUR?	(If in Boltimo	re City, give	exact location)
p c	whe No	U	DEATH (notify me		(Yeor) (Hou		JRY OCCURRED	215	HOW DID IN.	IIIBY OCCUP?		
> P	pt pt (6)	3 6	APPROX.)	oniii, (Doy)	(160)) (1100	While A	Not Wh	ile 🦳	. HOW DID IN.	JORY OCCOR!		
0	y n cce nd otai			. (1)(1) 1	. 1	Work	At Work	Aule 3	1 (445 P.m	) 0/	hall ?	(5-30 P.M)
dpp	4 C C C C C C C C C C C C C C C C C C C		at (N (we) las			Λ	ul 21 0	19	71 and 11	hat in () (aux) an	inian death	h accurred an the date
0	sed to ent of pital eath)		•			1/	a) (did) ( <del>did not</del> )				The state of the s	r decorred an ine dere
±	- 0 0		3A. SIGNATURE			contin	0		,		23B, DATE	SIGNED
w us	9 .= 5 0		t	ne	del.	CLE	M.D. A	tending	Med. Director	Stoff Phys.	121	131 //90/
•	s re	2	3C. PHYSICIAN'S NAME Type			14	6	23D. ADDRESS	2.10.	2 00000	1400	B. A.O
50	y was related.  1) An accidental and prior to approval			JAE	H.	Hoa	7	/	yourd	General	100	
T.	\$ 0.0 E	24A.	BURIAL CREMA	ify)	ATE	24C.NAME	of CEMETERY or C	REMATORY	06 240.	LOCATION	City, town, or	county) (Stote)
0	the body shows: (1) was D.O. deceased written a	75A	DATE REC'D BY	MEAL THE OF	4/7/	NAME OF RE	Ver /	LM.FUN	IERAE DIRECTO	unel	MA	ADDRESS
Thi	the b show was dece	1	DATE REC'AU	GEN TH DE	171 Pal	48 813	Le Ten	A. W	1/1/16	make 1827	TUI: Mi	the auce
		VS 1	50-REV. 1/1/65				- Park			TITO - WOO!	TV Y	7.00

Letter from M.E.'s office 8-6-71

VS 150-REV. 1/1/68

		3 71 725	2	BALTIMORE CITY CERTIFICA	HEALTH DEPART		vo. '71	7252		
1,1	NAME OF DEC	EASED				DATE AND HOUR OF	DEATH			
IL	rpe or Print)	HERNDON				7/24/71		1		
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDE	B. COUNTY	ed. If institution	residence before odmission)		
H	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT ATION)	UTION, GIVE STREET	Md. Baltimore City  C. CITY OR TOWN  D. INSIDE CITY LIMITS?					
		NURSING HOME			Baltimo E. STREET AND N	re	YES [	NO		
	102 North	n Paza Street			/0	2 m. PAC	A ST,			
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year lost birthdoy)		der 1 Yr. II Under 24 Hrs. S Doys Hours Min.		
	F	Negroid	WIDOWED		10/18/77	77	Month	Doys Hours Min.		
dor	ne during most of w	PATION (Give kind of work rorking lile, even if retired)	108 KIND OF	F BUSINESS OR INDUSTRY	Virgini		12, C	USA		
13.	FATHER'S NAM	\E			14. MOTHER'S MA	AIDEN NAME				
15. (Ye	Was Deceased s, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
	18. 1/19		61	217-32-9048D		Brooks,535 N.	Carey S	t. 21217		
CERTIF	(This does not heart lailure, con heart lailure, co	E OR CONDITION DIFERDING TO DEATH II mean the mode at it means, etc., it means stication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last,  CANT CONDITIONS COI BUT NOT RELATED TO TH NOTIFICATION TO THE OPERATION TO THE TWAS UNDERLYING TO THE TWAS	dying, e.g., the disease, death,) any, giving stating the NTRIBUTING IE TERMINAL 1 (A). Dition FOR V	(c) Cen	A CONSEQUENCE OF A CONSEQUENCE OF COLUMN (COLUMN (COLU	Heart  OF:  OF:  OF:  OF:  OF:  OF:  OF:  OF		S CONSIDERED DEATH?		
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  While At The New Manual Control of the New Manual Cont										
			Wor		Ш		1			
				ne deceased from	74 3	19 <u>\</u>	que	2 Y 19 7/		
		ast saw the decease			19		r) apinian de	oth accurred on the date		
	23A. SIGNATUR	E	en apake, (I	) (Warthal) (did not) vi	ew the bady afte	r death.	22R D.A	TE SIGNED		
	luc	land Ce	fre	Atten	ding Med.		238, 07	TE SIONED		
	23C. PHYSICIAN NAME (Typ	inn B	Sol	cfer?	6615	Keister S!	Low	20		
24A	BURIAL CREM	ATION. 248. DATE	2 C.NA	ME of CEMETERY OF CREA	MATORY	24D. LOCATION	(City, town,	or county) (Stote)		
	BURIAL	7/28/		rbutus Memoria	1 Park	Baltimore,	Marylar	nd		
25A	DATE REC'D	MEALTH DEPT	268 NAME P	F AEGISMAR	25C. FUNERAL MORTON	PIRECTOPETT FUNE	RAL HOME	S, APRESS		

1641 Vincent ct. 4/30/71 -- There has present out of CHU, --- House 128 Care Care has Motherwhen , Broke Confirmation and a secretary 1 C - any of 20 modern Chillens By places of her her he show is to

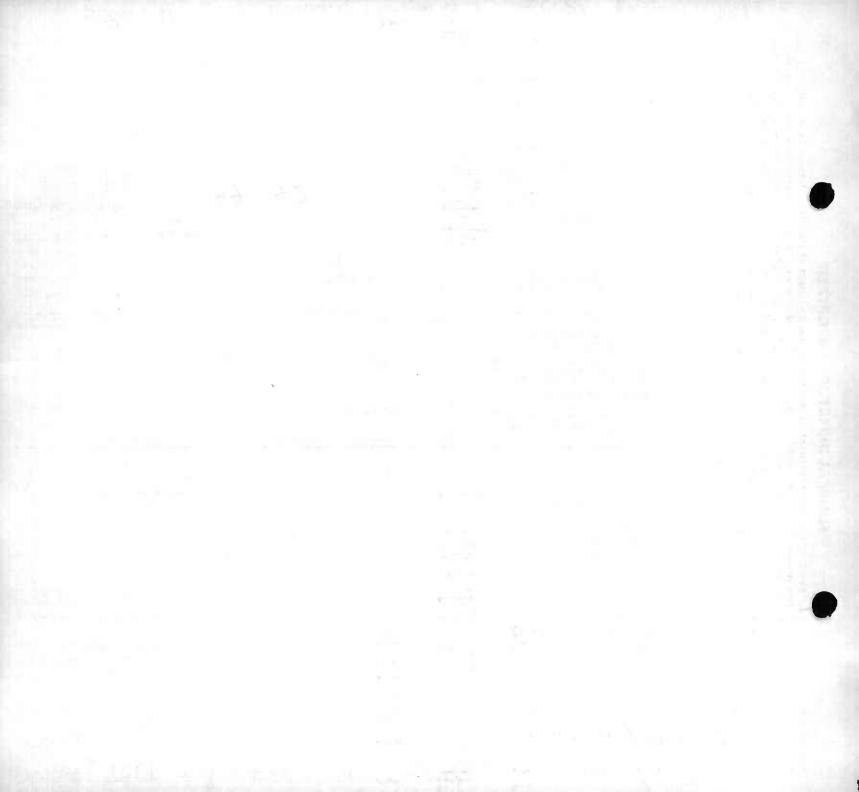
150-REV. 1/1/68

1	K-620 71 7253 BALTIMORE CITY	HEALTH DEPARTMENT
	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 71 7253
	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	(Type or Print) WILLIAM KEARSE	7-29-71 8:45 Am.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	mo. 402
	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
4	MARKIANA	BALTIMORE YES NO
Je.	MARYLAND GENERAL HOSPITAL	236 N. PINE ST.
mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years If Under 1 1/4. Il Under 24 Hrs. Manths; Doys Hours; Min.
is	MALE NEGRO WIDOWED DIVORCED	1/2-22-22 1/0
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ž.	leviliane Coep.	S. CAROLINA USA
900	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
disposition	Lenknown	Esther Kenrse
final	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor ar dates of service) SECURITY NO.	LEO B KEAUSE-1721-HADDRESS HUE.
fin	NO NO	HOSPITAL CHART - MCH
0	18. 53/. 0 1 CAUSE OF DEATH	
Pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PAR OF THE PROPERTY ONSET AND DEATH
balmed	(This does not meen the made of dyling, e.g., (A) IMMEDIATE CAU	SE NESTICATORY ARREST DE DAYS
ba	heart failure, asthenio, etc. It means the disease, injury or camplication which caused death.)	HEARTORENAL FAILTING
E	ANTECEDENT CAUSES CARRELY	That I hilling
are	(B) (S) (C) (C)	A CONSEQUENCE OF:
	rise to the above couse (A) stoling the	
i.	ONDERLING CONDITION last. (C)	
Ĕ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
7	☐ ITO THE DEATH BUT NOT RELATED TO THE TERMINAL  ✓ IDISEASE OR CONDITION GIVEN IN PART 1 (A).	00000000000000000000000000000000000000
the remains	198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		785
before	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined)  21B. PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	ar about 21C, WHERE DID (If in Ballimore City, give exact location)
	O 21D-TIME (Manth) (Doy) (Year) (Haur) 21E INJURY OCCURRED	
ne	OF INJURY (APPROX.)  While At Not While	21F. HOW DID INJURY OCCUR?
obtained	Work Last At Work	
	22. I certify that (1) (this hospital) attended the deceased fram	
Pe	that (i) (we) last saw the deceased alive an TULY 29	19 7 / and that in (my) (60t) apinion death occurred an the date
ust	and have and from the causes stated above. (1) (We) (did) (did nat) vf	ew the bady after death.
E	Markey DO Man I Man Atten	23B, DATE SIGNED
approval must	The Physics of the Ph	Iding Med. Stoff Director Phys. 97-29-7/
pro	WARREN PAUL MAGID MIDIGORES	
	2/A. BURIAL CREMATION, 1248, DATE 124C NAME of CEMETERY OF CREE	
	PILVILLE 8-2-71 Att Chut	CPK Batting 112
written	25A. DATE ALLEY SEALT PAR. () ZER NAME OF RESISTRAL	28C FUNERAL DIRECTOR ADDRESS
3	The state of the s	MORTON RDJett F. H. 1701-houvens

58-31-05

10-	20		BALTIMORE CITY	HEALTH DEPARTMENT		read priori	E A
BIRTH NO.	71 725	4	CERTIFICA	TE OF DEATH	REG. NO	11 /2	34
Type or Print)	CEASED (	Supula	Jalens	2. DATE	AND HOUR OF DEAT		7.00
3. PLACE IN BA	LITIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here déceased lived. If		7:00 A.M
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	UTION, GIVE STREET	Maryand	JNIT	NSIDE CITY LIMITS?	502
BALL!	more City	Hosp	ital Maryland	STREET AND NUMBER	25 22.	YES	NO 🗌
S SEX	6. RACE		-	8. DATE OF BIRTH	AKEY STI	21217	
Female	Negro/	MIDOWED		4-2-1920	9. AGE (in years lost birthdoy)	Il Under 1 Yr. Months: Days	If Under 24 Hrs. Hours Min.
	CUPATION [Give rand of world f working life, even if refired)  A / A	DOM OF	BUSINESS OF INDUSTRY	11. BIRTHPLACE (Stoto or lo	111/1-1	-	U.S.A.
3. FATHER'S NA	ME	Com		14 MOTHER'S MAIDEN N	AME _	we	
James	Burrell d Ever In U. S. Armed For		13/	Roben		eave/	
Yes, no or unknow	n) (If yes, give war or dote	s of service)	SECURITY NO.	17. INFORMANT	4940 Easte		RESS
			217-16-0340	BCHF Records	Baltimore,	Maryland	21224
18. / S	SE OR CONDITION DI	ECTLY	CAUSE OF DEATE				OXIMATE INTERVAL IN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	er Traterio	henorasc	1/0.	
(This does	not mean the mode of , asthenia, etc. It means	dying, e.g.,		CONSEQUENCE OF:	Warmer 1 820	- FEM	- Milling
injury of co	mplication which caused	death.)					
	ANTECEDENT CAUSES		(e) (a	at rectu	~	9 4	vouts
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	de above cause (A)	stating the	(c) //e /	atic meta	2/ 243		
	- 11		(0/22				
	FICANT CONDITIONS CO	NTRIBUTING					
▼ DISEASE OR	TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR	T T (A).	***************************************				*********
19A-DATE O	F OPERATION 198. CON WAS PERI	ORMED	VHICH OPERATION	NO	IN CERTIFYING C	E FINDINGS CONS	IDERED ?
OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF y medicol exominei	218, homelcal	e, form, foctory, street, of	or obout 21C. WHERE DID	(II in Boltim	ore City, give exoct	location)
OF INJURY	(Month) (Doy) (Year)	2010	INJURY OCCURRED	21F. HOW DID IN	JURT OCCUR?		
(APPROX)		Wor	Not While				
22. I certify	that (1) (this hospital	attended th	e deceosed from 5-7		19 _ 71 to _ 7.	-31	19 71
that (I) (we	) lost sow the decease	d allve on	7+31	19_71and t	hat in (my) (our) of	pinion deoth occ	
and hour on	d from the causes stat	ed above. (I)	(We) (did) (did not) vi	ew the body ofter death.			
23A. SIGNAT			A .			23 B. DATE SIGN	IED
1	>~well	~ ( 0	(/) Dh	ding Med.	Staff Phys.	31- 1	Qu 1921
23C. PHYSICIA	Type) Mich Co		2	3D. ADDRESS Balti	more City He	ospitals	
4A. BURIAL CR	EMATION, 1248, DATE	DAC NA	ME OF CEMETERT OF CRE	4940 Eastern A			
BUNIA	NG2 Stor	te a lock	Habiasis	Cem. J	Staltum	ove W	(State)
SA. DATE REC'E	BY HEALTH DEFT.	258 NAME O	FREGISTRA	290 EUNERAL DIRECTO			DRESS
75 160 PELL 1/2	// 0	1 2	1 00	Markon	ayell	F.H.17	01-NAW
S 150-REV. 1/1	00				/		

3-9FU 11 7255 B	ALTIMORE CITY HEALTH DEPARTMENT	nd more
BIRTH NO. 212 32 1638	ERTIFICATE OF DEATH	REG. No. 71 7255
1. NAME OF DECEASED	2 DATE AND H	HOUR OF DEATH
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED	DEAD 4. USUAL RESIDENCE (Where de	eccesed lived. If institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, CHOSPITAL OR ADDRESS OR LOCATION)	A. STATE B. COUNTY	D. INSIDE CITY LIMITS?
3500 9 100 100	Dalhmere	YES NO
30 Church Home + ha	E. STREET AND NUMBER	PAan toe
		OF Un years If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
IL USUAL OCCUPATION (GO) kind of work 10B, KIND OF BUSINES	DIVORCED 3/12/05 6	56
done during mast of working life, eyen if refired)	SS OR INDUSTRY 11. BIRTHPLACE (State or foreign	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	linginia	LANCHSLEY V.S.A.
Osdine Con Cisi	HOUMA Q	2 CI: CSC
15. Was Deceased Ever in U. S. Anned Forces? (Yes,no ar unknown) (III yes, give war or dates of service)  SEC	IAL URITY NO. 17. INFORMANT	ADDRESS
My 212	321630 Lad's Ser	22 CSDA
	SUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10015	SELVEEN ONSELAND DEATH
(This does not mean the mode of dving, e.g.,	DUE TO, OR AS A CONSEQUENCE OF:	15lb-5
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Carly C arch My	mis !
ANTECEDENT CAUSES	Y	
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A CONSEQUENCE OF:	***************************************
rise to the above cause (A) stating the UNDERLYING CONDITION last.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OWAS PERFORMED	Inflant to make P las	lie 4 clas
OISEASE OR CONDITION GIVEN IN PART 1 (A).	TERATION 120A AND AND AND AND AND AND AND AND AND AN	432
WAS PERFORMED	PERATION 20A. AUTOPSYS (Yes at No.) 20	E. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form,	OF INJURY (e.g., in or obout 21 C. WHERE DID lactory, street affice bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
Q 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY	OCCURRED 21F. HOW DID INJURY	occum
While At	Not While	
22. I certify that (I) (this hospital) attended the decea	At Work	2/2/
that (i) (we) last saw the deceased alive an 7/2	( ( )	10 19
ond hour and fram the causes stated above. (i) (We) (c		n(my) (aur) apinian death occurred an the date
22A. SIGNATURE	id/ (dis not) view the bady after deoth.	23 B. DATE SIGNED
Orilaid Walleton	Attending Med. Staff Phys. Director Phys.	
23C. PHYSICIAN'S	23D. ADDRESS	1//20///
TO ICH V. TELX MAN	UMD CHIH	
240 SURIAL CREMATION, 24B. DATE 24C. NAME of C	EMETERY OF CREMATORY 24D. LOCAT	TION (City, lown, or county) (Stotel
DIVIDE 17-31-7/ ML	auhun West	RIBOLDI
25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGIST		ADDRESS ,
7/240437 HM 046ed E. Jaben	MAN MERTON A	Dritt 1701 Laurens &
VS 150-REV. 1/1/88		



IMPORTANT

DIRECTOR:

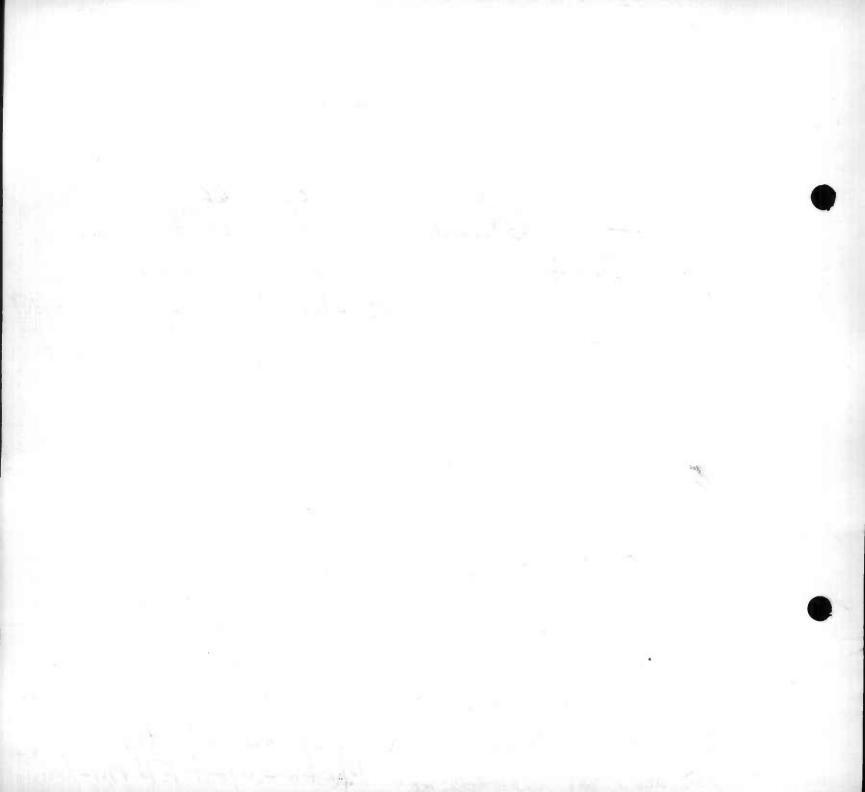
FUNERAL



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DIRECTOR:

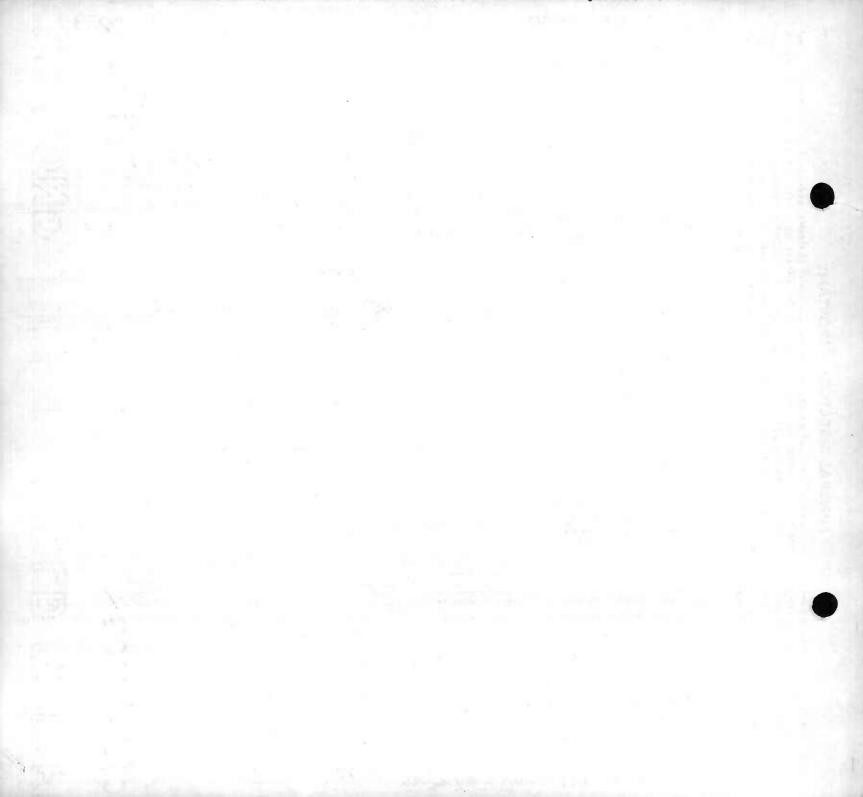
FUNERAL



IMPORTANT

DIRECTOR:

FUNERAL



VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

8-3-71

Burial

Balto. Cemetery

258. NAME OF REGISTRAR

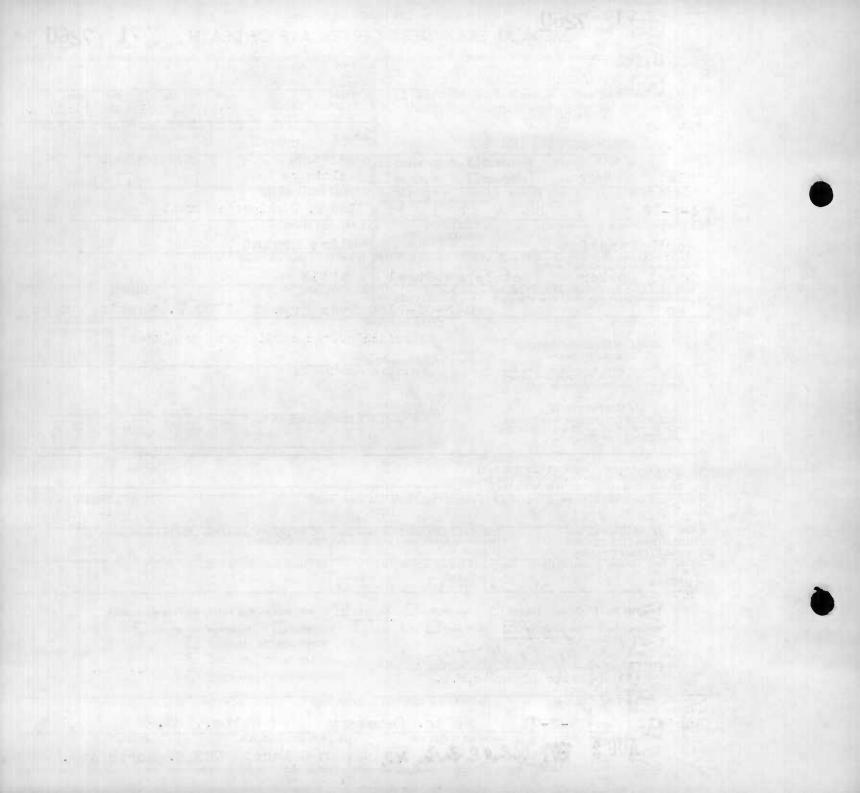
25C. FUNERAL DIRECTOR

March

Balto.

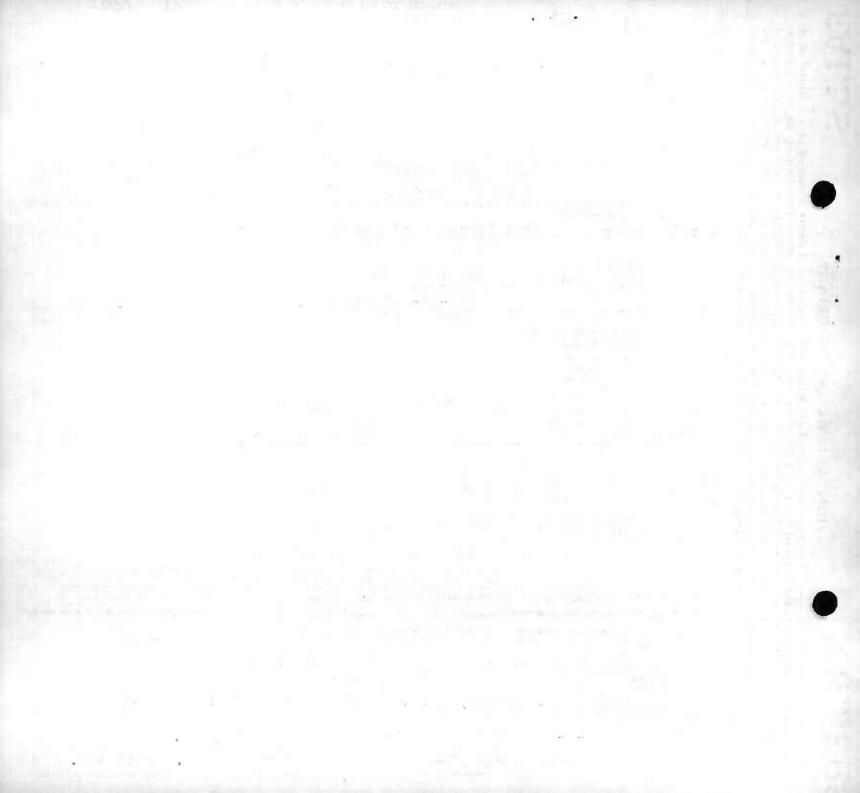
ADDRESS 928 E. North Ave.

Wm

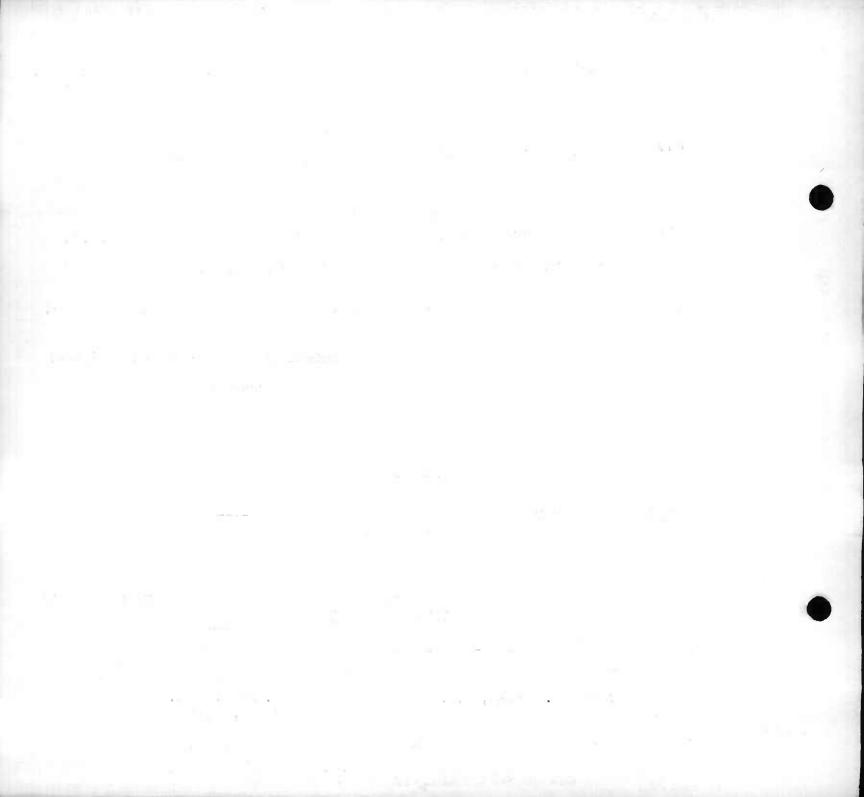


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

-010	74 7751	A	CERTIFICA	TE OF DEATH	REG. NO	
IRTH NO. NAMÉ OF DECI ype of Print)		. Elij		2. DATE	AND HOUR OF DEATH	5:45 a.
PLACE IN BALT	TIMORE MARYLAND, Y			114 USUAL RESIDENCE (V		institution: residence before admissio
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN		SIDE CITY LIMITS?
33				Baltimore		YES NO [
he John	s Hopkins	Hospit	al	1915 Sapp	Street	
Male	& RACE Negro	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	9/6/10	9. AGE Un years last birthdoy	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
A. USUAL OCCI				11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNT
	rocking life, even if refired)	1	-1 Ob1	0. 13 0		
Steel Wo	orker	Bethl	ehem Steel	South Caro		
		•			15.04.22	
Henry H				Mamie		
es, no or unknown)	Ever in U. S. Armed Fo	orces? les of service)	SECURITY NO.	17. INFORMANT		ADDRESS
			247-24-983	BAlice M. Po	ompev 1915	Sapp Street
18.	CY OIX	**	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEAS	E OR CONDITION D	RECTLY -	VE O.		[5en	BETWEEN ONSET AND DEA
	LEADING TO DEATH		SANIMMEDIATE CA	monia, pour		3 days
(This does n	of mean the mode o	dying e.g.	DUE TO OR AS	A CONSEQUENCE OF:		
heart failure,	mathemia ala II masa					
Liniury of com	olication which cause	d death.)			6	
	plication which cause	d death.)	DICAL	+ 0 /	(-1-	
	plication which cause ANTECEDENT CAUSE	d death.)	Sog Bed Fr	st of four	wession to t	
DISEASES O	plication which cause ANTECEDENT CAUSE OR CONDITIONS, if	d death.) S any, giving	DUE TO, OR AS	S A CONSEQUENCE OF:	mossion 6+	the the
DISEASES O	plication which cause ANTECEDENT CAUSE OR CONDITIONS, if above cause (A)	d death.) S any, giving	DUE TO, OR AS	st of four	mercian ++	
DISEASES O	plication which cause ANTECEDENT CAUSE OR CONDITIONS, if	d death.) S any, giving	(e) God De DUE 10, OR AL	S A CONSEQUENCE OF:	Luc to be	
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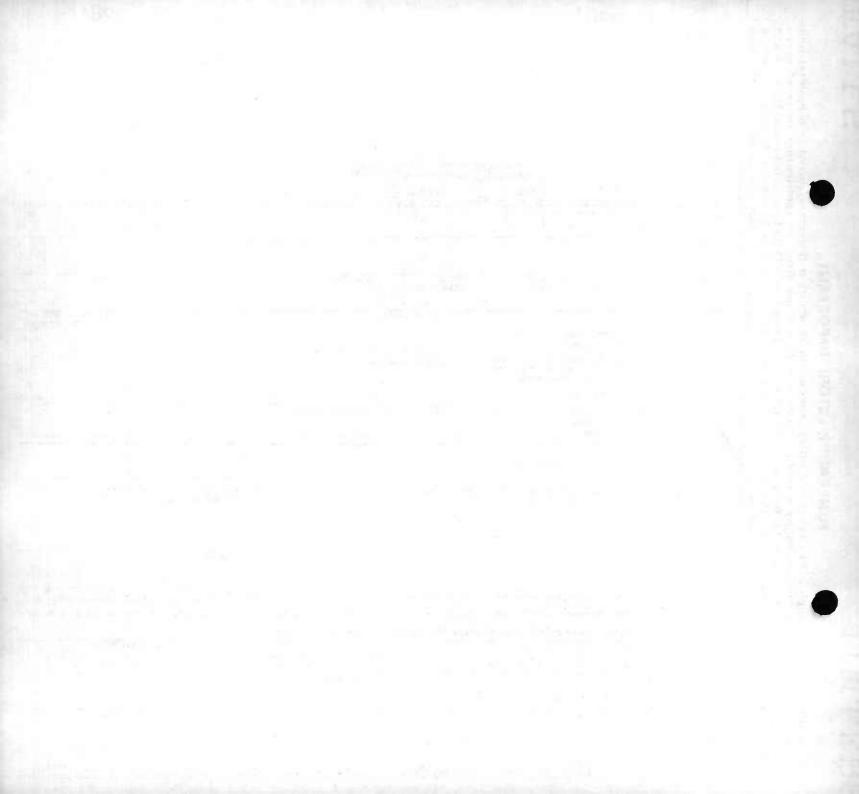
6-23	71 7262		BALTIMORE CITY CERTIFICA			REG, NO	71	7262	
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(Type or Print)	FRANK	S. BUCZ	KOWSKI				971	4:20	P. ,
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOC	VHERE PRONOUNCE	D DEAD	Maryl	B. COUNT B. COUNT and	e deceosed lived. TY	If institution;	esidence before odr	nission
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00	407 S. Ch	napel Str	eet			el Stre	et		
Male	White	7- MARRIED N	DIVORCED	10/18/	06	ast birthday)	If Unde Manths	Doys Hours	24 Hrs Min.
10A USUAL OCCU done during most of v Polish	PATION (Give kind of wor vorking life, even if retired)	Stove M:	NESS OR INDUSTRY			in connity)	12. CHT	ZEN OF WHAT CO	UNTR
13. FATHER'S NAA		Stove III.	15.	14. MOTHER'S	land	16		U.S.A.	
	George Bud				herine				
5. Was Deceased Yes, no or unknown)	Ever in U. S. Armed Fo (If yes, give war or dote	icos? 16.5 is af service) S	OCIAL ECURITY NO.	17. INFORMAN	T			ADDRESS	
No	-		-09-0864	Mrs.Jo	ann Zi	entak, 1	18 S. I	East Ave.	
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OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examined	218 PLAC hame, form	E OF INJURY (e.g., in n, factory, street, af	ice bldg., INJUR	HERE DID Y OCCUR?	(il in Balt	more City, glv	e exoct location)	
(APPROX.)	(Manth) (Doy) IYeot)	While At	At Work	· 🗆	OW DID INJU	RY OCCUR?			
	hat (1) (this hospital		ceased fram 11/	5/68	19	)to	7/2	197	1
that (1) (we)	ast saw the decease	d alive on	7/24	19 71		in ( <u>my</u> )_(our)	opinion deat	th occurred an th	e dat
ond have and	from the causes stat	ed obove. (1) (We	L(did) (did not) vi	iew the body o	ifter death.				
	Touth Fr	· Oringa	DEGREE Phys	Mending M	led. Sirector P	haff .		E SIGNED /2/71	
23C. PHYSICIAN NAME (Ty	Joseph L.	Drenga, M	.D.	3D. ADDRESS		hester S		X 1	
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	AUG 3 1971	Robert &		M.F.S	A DOWSK	I & SON	5,1808	EASTERN	A٦
S 150-REV. 1/1/6		VIADELI C. V	ALL MALE	1 61 4					



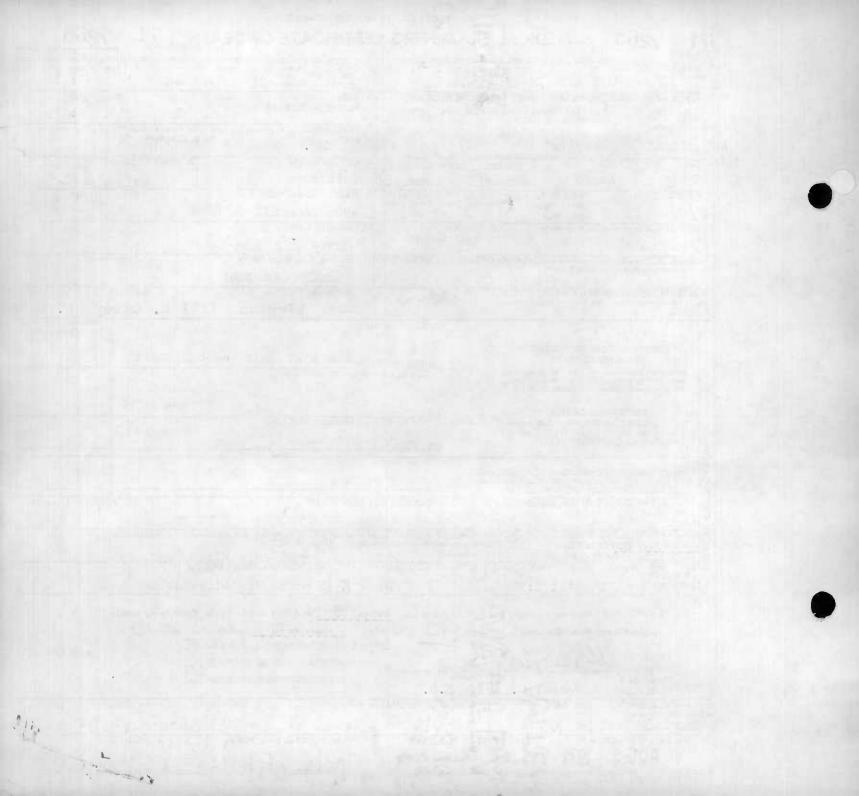
110	ype or Print)	Wil	liam We	esley	2. DAT	E AND HOUR OF	DEMIN	
3	PLACE IN BAL	IMORE MARYLAND,		UNCED DEAD	4. USUAL RESIDENCE	7/31/71 Where deceased liv	ved. Il institution	: residence
IΗ	ULL NAME OF OSPITAL OR ISTITUTION			UTION, GIVE STREET	A. STATE B. C. M. ryland C. CITY OR TOWN Baltimore E. STREET AND NUMB 3619 Spri	d	D. INSIDE CITY	Y LIMITS?
S		9 Springda	are Ave		3619 Spri	ngdale	Ave	
	M M	6. RACE	7- MARRIED [ WIDOWED	DIVORCED	8. DATE OF BIRTH	9. AGE (In ye	Month	nder 1 Yr.
da	ne during most of w	rorking life, even if retire	d)   Cork 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	foreign country)	12. C	ITIZEN OF
13	Old FATHER'S NAM	Age			14. MOTHER'S MAIDEN	NAME		U S
		Unkno	own		Unknown	MAME		
15. (Y	Wes Deceased s, no or unknown)	Ever in U. 5. Armed (If yes, give wor or d	Earna 2	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRE
_	18.			CAUSE OF DEAT	M s Smi	th , sam	le	
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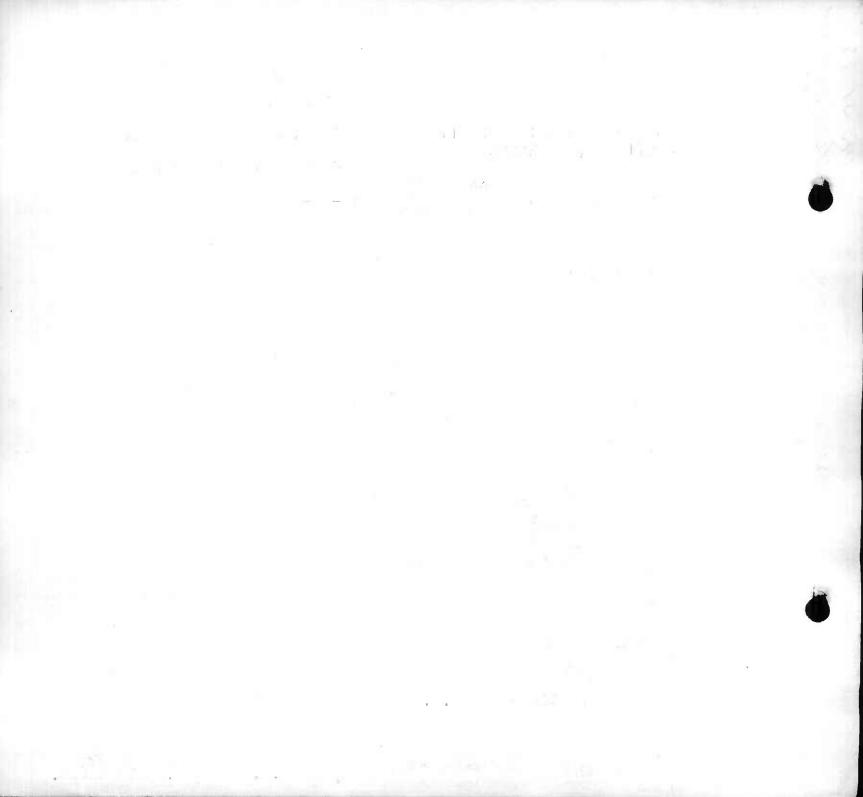
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BIRTH NO.	***				/	
(Type or Print)	ZED			2. DATE AN	HOUR OF DEATH	2
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3. PLACE IN BALTIA	MORE MARTLAND, W	HERE FRONO		4. USUAL RESIDENCE (When	deceased lived. If	institutions lesidence before admission)
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FULL NAME OF	HE NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	mary and	d Bull	5 3200
HOSPITAL OR	ADDRESS OR LOCA	ATION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
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				2414 Eas	T Ridge	Rd
5. SEX 6.	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	AGE IIn years	If Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
Male	White	WIDOWED	DIVORCED	07-08-13	ost birthdoyl 58	Months Days Hours Min.
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	rking life, even if retired)	TIOK KIND OF	BOSINESS OF INDUSTRE	11. BIRTHPLACE IState or forei	gn country)	12 CITIZEN OF WHAT COUNTRY?
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13. FATHER'S NAME				14. MOTHER'S MAIDEN NAM	AE	
Ni cl	I M	00100		Rose G	rotto	
INI CNO		aghan			10000	
(Yes no or unknown)	ver in U. S. Armed Fer If yes, give war or date	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
				Mrs. Mag	( .	Some to almit
NO	- 0		219-01-1018		liuno	same as above
18. cap. 10	171		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE	OR CONDITION DE	RECTLY		-1 0		
LI	EADING TO DEATH		(A)IMMEDIATE CAU	er Dulmonar	y embol	Cim 2 h
(This does not	mean the mode of	dying, e.g.,	DUE TO, OR AS		- Cwaxor	3///
heart failure, as	stheria, etc. It means	the disease,	DOL 10, OK NO.	A CONTRACTOR OF STR	a distribution	17 17 17 17 17 17 17 17 17 17 17 17 17 1
injury or compli	ication which caused	death.)	1			- (
AN	ITECEDENT CAUSES		4.0	Trule Myor	ardial -	Lucidian 2 week
DISEASES OF	CONDITIONS, If	any, giving	DUE TO, OR AS	A CONSEQUENCE OF		O C C C C C C C C C C C C C C C C C C C
	above cause (A)		000,0,0,0			
	CONDITION last		(c)			
	- 10		- \(\frac{\partial}{\partial}\)			
2	- 11					
OTHER SIGNIFIC	ANT CONDITIONS CO	NIRIBUTING				
<b>▼</b> DISEASE OR CON	NOTION GIVEN IN PAR					
U 19A-DATE OF C	PERATION 19% CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSTE (Yes or No.	20B, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
19A-DATE OF O	WAS PER	PORMED		1/2	IN CERTIFIING C.	AUSES OF DEATH?
U SIA ACCIDENT	WAS HINDSPLVING	7  218	PLACE OF INTURY Is a li	n or obout 21 C. WHERE DID	/il to Rolling	ore City, give exoct locotion)
OR CONTRIBUTE	WAS UNDERLYING	hom	e. form, factory, street, of	fice bidg. INJURY OCCUR?	lit in potimi	pre Cità, diae exect incounti
DEATH Inotify m	nedical examined	elc.				
OF INJURY	Month) (Day) (Year)	(Houd 21E	INJURY OCCURRED	21F. HOW DID INJ	INV OCCUM	
OF INJURY	Mount (pay) (real				DRI OCCURI	
(APPROX)		Wh	ile At At Work	• 🗆		
					- l	TI 75
22. I certify th	hat (1) (this hospita	i) attended t	he deceased from	JULY 10 1	9 17 to	July 25 1971
thot (1) (we) 10	ast sow the decease	ed alive on_	JULY 25	19 71 and the	at In(my) (our))or	inton deoth occurred on the date
		ted above. (	(We) (dld) (dld not) v	lew the body after death.		
23A. SIGNATURE	0	00/				238, DATE SIGNED
7	L. A.A.	1040	Atte	nding Med.	Stoff V	17114 25/21
(0	POUCE	MA	W DEGREE Phys		Phys. V	100/20/11
23C. PHYSICIAN NAME (Typ	S			23D. ADDRESS		
10000	Johru	OH	2	Mercy	HOS Di	tal
311 515111 65511		0,	M DEGREE		110 - 51	141
24A. BURIAL CREM. REMOVAL (Sp.	ATION, 248 DATE	24C. N.	AME OF CEMETERY OF CRE	MATORY 240. L	DCATION (	City, town, or county) (State)
12.		/				. /
Darjal	7420	171 61	1 /	= 10 a 15	2/4/1 K	1.1
06 A D ART CERT	7/29/	17/1/16		amer B	alto K	1
25A. DATE REC'D 8	7 29 JY HEALTH DEPT.	7/ /-/2 258 NAME	of REGISTRAR	25C. FUNERAL DIRECTOR	alto Ki	ADDRESS
	7 29 JY HEALTH DEPT.	7/ /-/2 25B. NAME ( Pabe # E			sinner	1
	7 25) OF HEALTH DEPT. G 3 1971	7/ /-/2 25B NAME ( Robert E			unnerso	1



	BALTIMORE CITY HE	ALTH DEPART	MENT				
71 7265 MED	ICAL EXAMINER'S	CERTIFIC	ATE OF	DEATH	REG. NO.	172	265
I. NAME OF DECEASED		II2. DATE	Known []	Month	Doy	Year	Hour
(Tune or Print)	liggins	OF	Estimoted 🖾	8	1	771	2:52 A
4. PLACE IN BALTIMORE, MARYLAND, W	00	DEATH 3. DATE	2.111110100	Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	PRONOUN	CED DEAD	8	1	'71	2:52 A
OR INSTITUTION		A. STATE	DENCE (Where		ed. If Institution	n: residence b	before admission)
Sinai Hospital		Md Md	•				1211
6. SEX 7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR TO	NWO		D. INSIDE C	ITY LIMITS?	
Male Negro	WIDOWED DIVORCED	Baltim	ore		Υ	ES X	NO 🗆
9. DATE OF BIRTH 10. AGE (In	years   If Under 1 Yr, If Under 24 Hrs.	E. STREET AN	D NUMBER				
2/2/28   lost birthdo:	Months Doys Hours Min.	A000	Ann Elle	n Roa	d		
11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF	13. FATHER'S	NAME				
Maryland	WHAT COUNTRY?						
I-AA.USUAL OCCUPATION (Give kind of work)		VIS MOTHER'S	Higgin	5			
done during most of working life, even lifetired)	140. KIND OF BUSINESS OK INDUSTR	non-to-	_				
		Emm		OII			
16. WAS DECEASED EVER IN U.S. ARMED (Yes, no ocunknown) (II yes, give wor or dotes	of service) 17. SOCIAL SECURITY NO.	18. INFORMA				DDRESS	
Unk		Emma	Higgin	3 11	11 N.	Carey	
19.	CAUSE OF DEA	TH	1			AP BETW	PPROXIMATE INTERVA
DISEASE OR CONDITION DIRECT	CTIV						
LEADING TO DEATH		CAUSE Gun S	hot Wound	d of t	he Ches	t	
(This does not mean the mode of dy	ing, e.g., DUE TO, OR	AS A CONSEQUE	NCE OF:				
heart follure, astheria, etc. It means the injury or complication which coused dec	disease,						
			7				
ANTECEDENT CAUSES	(8)	16 1 60 1150					
DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATE	ING THE	AS A CONSEQU	ENCE OF				
UNDERLYING CONDITION LAST.	(c)						
2							
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL ART 1 (A).						
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA		AS PERFORMED				21. AUTO	PSY? (Yes or No)
Ö							Yes
Z 22A. EXTERNAL CAUSE WAS	122R PLACE OF INITIPY (e.g.	In or about 22C	WHERE DID (	f in Raltimore	Clty alva en		100
O HAIDERLYING STOR CONTRIB	228. PLACE OF INJURY (e.g., home, farm, foctory, street, office	e bidg., etc.) INJ				15	5 11
UTING LI CAUSE OF DEATH.	House	005	4-000 An	n Elle	n Road		
OF INJURY (Month) (Doy) (Year	Hour) 22E.INJURY OCCURRED	ZZF	HOW DID INJ				
(APPROX.) 8 1 '71 2	2:20 Am. WHILE AT WORK AT W	WHILE Sh	ot durin	g Alte	rcation	1	
23.							
I certify that I held on I	nquiry Inspection Au	topsy X	ond that on th	is basis,	death in my	opinion	
resulted from: Natural cau	ses Accident Suicide	de Hom	Icide X L	Indetermin	ed manner		
1110			IEF MEDICAL E	KAMINER	X		
ACTUAL MUSICA	12421	ASSIST	ANT MEDICAL E				DATE SIGNED
SIGNATURE	M.I	),				A110. 1	, 1971
EXAMINER'S NAME (Type) Werner	U. Spitz M.D.	ASSOCI	ATE MEDICAL E	CAMINER		-100	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	or CREMATORY	(   24D	OCATION	(City tow	n, or county)	) (Stote)
REMOVAL (Specify)		\		D	1 1		) (Side)
Burial 8/5/7		modr	-77	-5a	1 to .	Mal	
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FU	NERAL DIRECTO	RVP	wilest	ADDRESS	
AUG 3 1971 00	obert E. Farber M.D.	Kol	C [ ]	12:1	9 6	( )	C-1
1011		The last	POVIE.	761	0 0	(14)0	con 7.
VS 151-REV. 1/1/68-	1 1/1	13 6	. 0 .1				



141520	BALTIMORE CITY HEALTH DEPARTMENT	
Ped se	71 7266 CERTIFICATE OF DEATH REG. NO. 71 7266	_
deat deat cease on th	(Type or Print) Wing, Earlean 2. Date and Hour of Death	
St. Oot	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admiss	Mion
d in a hosping cause (cause; (5) Latendance	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF ADDRESS OR LOCATION!  INSTITUTION  THE JOHNS HOPKINS HOSPITAL  BALTIMORE, MD 21205  A. STATE  MARYLAND  C. CITY OR TOWN  BALTIMORE  PLANTING TO STREET  BALTIMORE  PLANTING TO STREET  BALTIMORE  E. STREET AND NUMBER	
do a de	5. SEX   6. RACE   7. MARRIED TYNEVER MARRIED   8. DATE OF BIRTH   9. AGE (in vegrs   11 Under 1 Ye   11 Under 1 Ye   11 Under 1 Ye   12 Under 1 Ye   13 Under 1 Ye   14 Under 1 Ye   15 Under 1 Ye   15 Under 1 Ye   16 Under	
contribute regularisma	5. SEX 6. RACE 7. MARRIED NEGRO WIDOWED DIVORCED 11. BIRTHPLACE (Stole or loreign country)  10. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country)  12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or loreign country)	
tio de tio	Maryland USA	
d d	13. FATHER'S NAME	
irect (4) (4) h we lispo	EDDIE CARTER Morah Alston	
stant ind; leath e on al di	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war at dates af service)  16. SOCIAL SECURITY NO.	
キャム 5 流	No 216-24-9903 Reginald Wing 3820 Derby Manor	Dr
(3) A fracture of any n who pronounced in regular attendars are embalmed or f	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., head foilure, asthenia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (A) IMMEDIATE CAUSE Card Mac Arrest  DUE TO, OR AS A CONSEQUENCE OF:  (B)  DUE TO, OR AS A CONSEQUENCE OF:	
dy burns; (3	OTHER SIGNIFICANT CONDITION IGSI.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 10B. CONTRIBUTING CAUSES OF DEATH? 10B. CONTRIBUTION GOVERNMENT OF THE PROPERTY OF THE	100
(2) Body ere the o physici efore the	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C, WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR?	
bef	218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact location)  218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, factory, street, office bidg., INJURY OCCUR?  Etc.)  (If in Baltimare City, give exact location)	
3000	DEATH (noffy medical examines)  21D.TIME (Manih) (Doyl (Year) (Haud)  21E, INJURY OCCURED  While At Work  At Work	
t be obt	22. I certify that (i) (this hospital) attended the deceased from # 00 19 7 to 10 40 Am 130 19 7 that (i) (we) last saw the deceased alive on 10 40 Am 130 19 7 ond that in (my) (our) opinion death accurred on the and hour and from the causes stated above. (I) (We) (djd) (did not) view the bady after death.	dote
death) must b	23A, SIGNATURE 23B, DATE SIGNED	
_	Barry Corper MD Attending Med. Staff Director Phys. 7/30/7/	
	23C. PHYSICIAN'S NAME (Type) BARRY COOPER M.D. 23D. ADDRESS TOWNS Hypkins Hoppilal	
Written a	Burial 8/3/71 Arbutus Mem. Park Baltimore, Maryland	)
11 14	25A. DATE RECO BY HEALTH DEPT. 1348 N. Calhoun St. Kellson E. H. 1348 N. Calhoun St.	
	VS 150-REV. 1/1/68	



IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

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x 150		BALTIMORE CIT	Y HEALTH DEPARTMENT	171	7268
BIRTH NO.	71 7268	S CERTIFICA	TE OF DEATH	REG. NO. 71	1200
I. NAME OF DECEA	SED		2. DATE AND	HOUR OF DEATH	
(Type or Print)	AVIS AN	INA .m.	1.45	PM 7.31.7	11. P.
3. PLACE IN BALTIA	AORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where de A. STATE B. COUNTY	eceosed lived. If institution	residence before odmissio
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	MD.		1506
MOITUTITZMI			C. CITY OR TOWN	D. INSIDE CITY	**
LUTHERA	n Hospita	the of Maryukin	Baltimore  E. STREET AND NUMBER	YEST	# NO []
7-6		5 . 10 . 1 . 1	3109 Westwood	AVE.	
	RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. A		der 1 Yr. If Under 24 Hr.
TEMPLE	NEERO	WIDOWED DIVORCED	Sept.8, 09	61 488	B Doys Hours Min.
IOA, USUAL OCCUPA	ATION (Give kind of work king life, even if retired)	108, KIND OF BUSINESS OR INDUSTR		countryl 12. Ci	TIZEN OF WHAT COUNTR
USG	king life, even if retired)	4	Baltimore MD	•	U.S.A.
13. FATHER'S NAME	Carrol		Edith Clark		
5. Was Deceased Ex	er in U. S. Armed For	ces?   1 6. SOCIAL	17. INFORMANT		ADDRESS
res no of unknown/ (ii	yes, give wor or dote	s of service) SECURITY NO. 219-63-4913	James M. Dav.	is 3109 We	stwood AVE.
18./6 2	1,/1	CAUSE OF DEA	TH		APPROXIMATE INTERVAL
	OR CONDITION DI ADING TO DEATH	RECTLY	Carrion	A this	
(This does not	meon the made of	dying, e.g., (A)IMMEDIATE CA	USE SEPTICEMIA	due To	************
heort foilure, as	lhenio, etc. († means catian which caused	the disease.	A CONSEQUENCE OF:	7	
	TECEDENT CAUSES	1			
	CONDITIONS, if	(8) DUE TO, OR A	A CONSEQUENCE OF:	<i>j</i>	
rise to the	above cause (A)		CO COLLING CE	ma To 250	
UNDERLYING (	CONDITION IOSL	(c) 1 CEIIII	WE CH CHINGS.C.	mexalians	
Z OTHER SIGNIFICA	II INTCONDITIONS CO	NITO:DITTING	0		
TO THE DEATH I	BUT NOT RELATED TO THE	IE TERMINAL		****************	
19A-DATE OF O	PERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20	B. IF YES, WERE FINDING	S CONSIDERED
EX NO	operfulon	s mostinmed	vas. "	CERTIFYING CAUSES OF	DEATH?
U 21A. ACCIDENT	WAS UNDERLYINO	home, form, foctory, street, o	in or obout 21 C. WHERE DID	(II In Boltimore City, g	tve exact location)
DEATH (notify m	dicol exominer	elc.)			
OF INJURY	Nonth) (Doyl (Year)	(Hour 21 & INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
(APPROX.)		While At At Work	le 🔲		
22. I certify the	at (V) (this hospital	) attended the deceased fram	7.31. 19	71 to 7	31. 1071
1	st sow the decease		19 7   and that i	n (my) (oper) opinian de	ath accurred on the day
		ed above. (N (We) (did) (did not)		7	and decourse on the de
23A. SIGNATURE	it. de	2	view the budy utter deaths	23 B, D/	ATE SIGNED
	1182- AC	DE.	ending Med. Staff		7.31.71
23C. PHYSICIAN	1	OEGREE Phy	23D ADDRESS LIES	A POST CONTRACTOR	000
NAME (Type	ATJAZ	ARAIN.	Dellares	er hours	e daile.
24A. BURIAL CREMA	TION, 24B. DATE	24C, NAME of CEMETERY OF CR	EMATORY 24D, LOCA	TION (City, town,	or countyl (Stote)
PATA Tabe	eify) 0/3/77			imere	MD -

VS 150-REV. 1/1/68

8/3/71

Carver

Park

25C. FUNERAL DIRECTOR ADDRESS Mary E. Law 802 Madison AVE.

MD.

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0511	7		BALTIMORE CITY	HEALTH DEPART	MENT	4-1.4	100 CO
BIRTH NO.	71 726	9	CERTIFICA	TE OF DE	ATH REG. 1	No. 71	7263
I. NAME OF DEC					DATE AND HOUR OF	DEATH	
(Type or Print)	PHYLLIS A. PO	MPEY			JULY 31, 197		7:30 A
3. PLACE IN BAI	LTIMORE MARYLAND, V	HERE PRONOL	INCED DEAD	4. USUAL RESIDE	NCE (Where deceased live B. COUNTY	ed. If institutio	n: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	AL OR INSTITU	JTION, GIVE STREET	MARYLANI C. CITY OR TOWN		D. INSIDE CIT	1304
	PROVIDENT HOS	PITAL. I	INC.	BALTIMOR		K23Y	
	2600 LIBERTY			E. STREET AND N		1634	
	BALTIMORE, MA		21216	2865 WOO	DBROOK AVENUE	E 2121	7
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yes	ors If U	nder 1 Yr. II Under 24 Hrs
FEMALE	BLACK	WIDOWED	DIVORCED	4-28-32	lost birthdoy)	Mont	hs Doys Hours Min.
OA, USUAL OCC	UPATION (Give kind of war	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI	ate or faroign country)	112. 0	CITIZEN OF WHAT COUNTR
ione during most of	working life, even if relired}		DD ST. HOSP.	No. of Contract of		100	
ATOP	ME	LINOSEMOR	י אפחו יונ תמ	14. MOTHER'S MA	E, MARYLAND	UIN	IITED STATES
Holden	Ward Sr.			Arnett	a D. Mitchel		
c. Was Deceased res, no ar unknawn	Ever in U. S. Armed For	ces? s of sorvice)	16. SOCIAL SECURITY NO.				ADDRESS
No			214-26-0766	Mr. Flovd	L. Pompey SR	2865 Woo	dbrook Avenue
18. 4/1	2		CAUSE OF DEATH	1			APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY		011	<b>A</b>		BETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A)IMMEDIATE CAU	C V	H		6/12/1.71
(This does n	of mean the mode of asthenia, etc. If means	dying, e.g.,		CONSEQUENCE OF	6	***************************************	0/2/
injury or com	plication which caused	death.)	0		0 /	1	/ /
	ANTECEDENT CAUSES		- aneu	HUMM	Conclusa	(	1. 6.
DISEASES C	R CONDITIONS, II	anv. giving	(B) DUE TO, OR AS	A CONSEQUENCE	DF:		Mys no-
rise to the	above cause (A)	stating the	il L	+	0 (01/	D	1
UNDERLTING	CONDITION last.		(c) 174120	1700011		<u> </u>	
ITO THE DEAT	ICANT CONDITIONS COL H BUT NOT RELATED TO TH	IE TERMINAL	Sek	ticer	nia		6.14.71
DISEASE OR CO	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTOPSY?	Yes at No. 208 IF YES, IN CERTIFYIN	WERE FINDING	GS CONSIDERED F DEATH?
21A. ACCIDEN	IT WAS UNDERLYING THE	21 B. F	PLACE OF INJURY (e.g., in , farm, factory, street, off	or about 21C. WHEI	RE DID (III In E		give exoct facation)
DEATH (notify	modical examined	etc.)	, runt, ructory, sheet, on	The bidge Hadder O	CCORF		
21 D. TIME	(Month) (Day) (Year)	(Haur) 21E, 1	INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?		
(APPROX)		Wark					
22. I certify	that (1) (this hospital)	attended the	deceosed from JUN	E 12.	19 71 to_	JULY 31	19 71
that (1) (we)	lost sow the deceose	d olive on	JULY 31.	19 71			oth occurred an the dot
			(We) (did) (did nat) vi			., opinion ut	occomed an the got
23A. SIGNATU	RE /S/	0	-20	the body affel	degiu.	228 D	ATE SIGNED
W.	elity	Jewa	MD Atten		ar Staff XX	10	eug //
23C. PHYSICIAL NAME (Ty	WEBSTE	ER S	FU/FI/MP	DOUT DENT	IOCDITAL THO	2600	I PREDTY HOTE A
A. BURIAL CREA	MATION, 248, DATE	24C. NA	ME of CEMETERY OF CREA	MATORY	OSPITAL, INC.	(City, town,	or county) (Stoto)
REMOVAL (S	7						
Burial	8-4-71 BY HEALTH DEPT.		tus Mem. Park		Baltimore,	marylan	
	UG 3 1971	2SB NAME OF	Fol Can Ac D	2SC. FUNERAL D		1707 1	ADDRESS Mannag Street
	TAT IS IN I	ITA Man IT AT	STALLAND LACK	a description of the second	a Ca Dhailinn	4 1 7 9 7 N	MANNAA LENAA

Burial , 8-4-71
25A. DATE REC'D BY HEALTH DEPT.
AUG 3 1971 Arbutus Mem. Park

258. NAME OF REGISTRAR

JOBER E. Jaber M.D. Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS Anlington Sa Phillips 1727 N. Monroe Street VS 150-REV. 1/1/68

COTTON , CONTRACTOR OF THE CON

20 A-28-20 30

the state of the s

JULY 31, 21, 21 21 21 25, 12

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

To. 30 ence before admission  S? NO  YI. If Under 24 Hr ys Hours Min.  OF WHAT COUNTY  J. S. A.
Yr. If Under 24 Hrys Hours Min.  OF WHAT COUNTY J. S.A.
Yr. If Under 24 Hrys Hours Min.  OF WHAT COUNTY J. S.A.
Yr. If Under 24 Hrys Hours Min.  OF WHAT COUNTY J. S.A.
Yr. If Under 24 Hr ys Hours Min.  OF WHAT COUNTS J. S.A.
Yr. If Under 24 Hr ys Hours Min.  OF WHAT COUNTS J. S.A.
Yr. If Under 24 Hrys Min.  OF WHAT COUNTS  J. S. A.
OF WHAT COUNTY
OF WHAT COUNTY
DORESS 212
DORESS 212
DDRESS 212
Woodington
PPROXIMATE INTERVAL
DNSIDERED XIH7
9-3:
ract location)
19.7/
occurred on the de
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ounty) (State)
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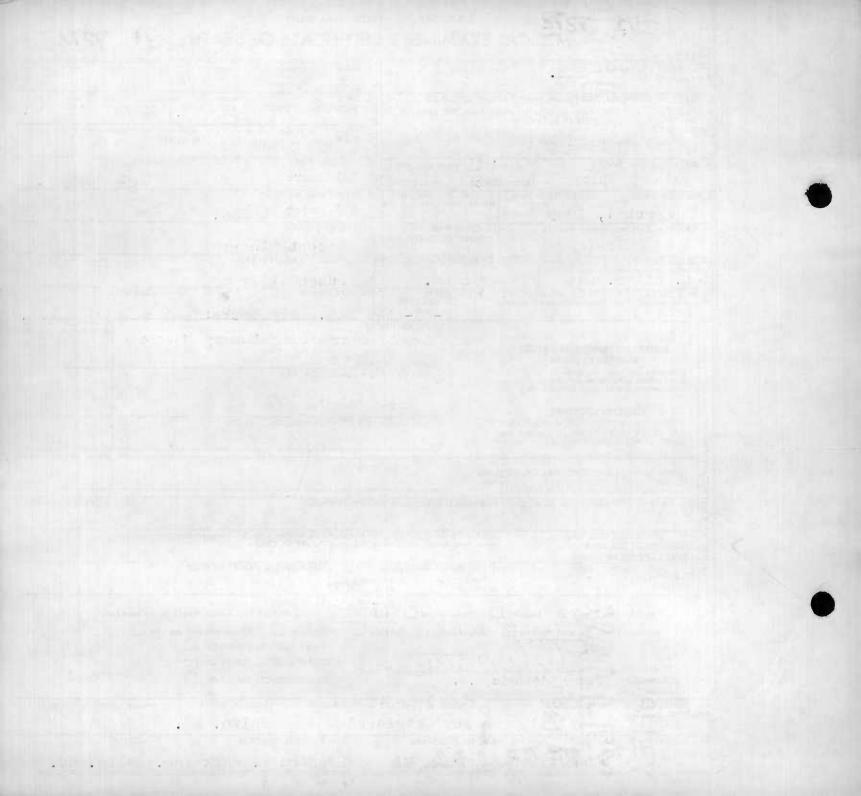


8/26/71 - Letter from Johns Hopkins Hospital, signed by Austin Holzer, Director of Admissions.

TOWNED JUNGSTERFICED BASER STATE

VS 151-REV. 1/1/68

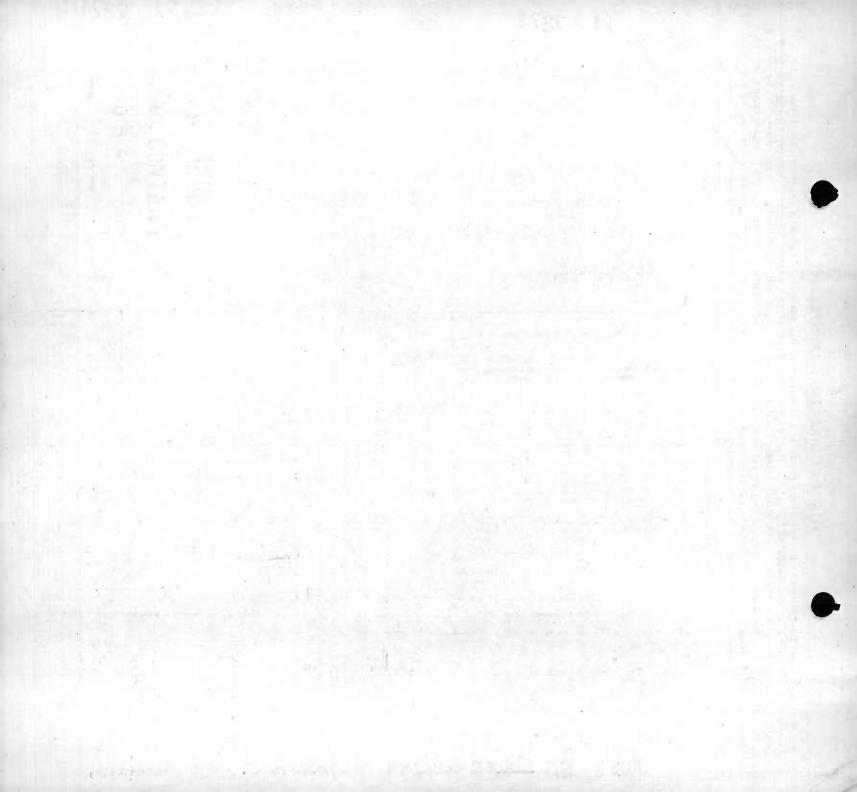
11 16 12	CERTIFICATE OF DEATH REG. NO. 1	7272
BIRTH NO.	110,110,	
1. NAME OF DECEASED (Type or Print) FRANK  ELDER	2. DATE Known Month Doy Y OF DEATH Estimoted	ear Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		fear Hour
FULL NAME OF (IF NOT IN HO SPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD July 30, 1971  5. USUAL RESIDENCE (Where deceased lived. If Institution: resident in the state of the stat	112:00 P.
817 Exter Hall	A. STATE Maryland B. COUNTY	901
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIM	NITS?
Male White WIDOWED DIVORCED	Baltimore YES 5	NO 🗆
9. DATE OF BIRTH 10. AGE (In years Months, Doys Hours Miles) 10. AGE (In years) 10. AGE (		
11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF	13. FATHER'S NAME	
Ireland WHAT COUNTRY?	Robert Elder	
14A LISUAL OCCUPATION (Give kind of work) 14B, KIND OF RUSINESS OF INDUST		
done during most of working life, even if relired)		
Ret. Balto. Gas & Electric Co.	Stisan Kelly 18. INFORMANT ADDRE	cc
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
	4B Mrs. Mary Bockstie 128 Ly	TAPPROXIMATE INTERVA
19. 5 / 9 3 I CAUSE OF DE		BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY	c obstructive pulmonary disease	
(This does not mean the mode of dying, e.g., (A)IMMEDIATI	R AS A CONSEQUENCE OF:	
heart follure, asthenio, etc. It means the disease, injury or complication which coused deoth.)		
Cor	pulmonale	
ANIECEDENI CAUSES (8)	R AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z UNDERLYING CONDITION EAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED [21.	AUTOPSY? (Yes or No)
	ye	
UNDERLYING OR CONTRIB- home, farm, foctory, street, of UTING CAUSE OF DEATH.	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact localitice bldg., etc.) INJURY OCCUR?	ation)
	OT WHILE   22F. HOW DID INJURY OCCUR?	
	artial and that on this basis, death in my opin	lon
	ide Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL TOTAL	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Peter Lipkovic, M.D. NAME (Type)	1.0.	7/30/71
24A. BURIAL CREMATION,   248. DATE   24C. NAME of CEMETER	RY or CREMATORY 24D. LOCATION (City, town, or c	ounty) (State)
REMOVAL (Specify) Burial 8/3/71 New Cathe		(5.5.5)
	25C. FUNERAL DIRECTOR ADDRE	cc
1000		
13 BM Robert E. Farber, M.D.	Leonard J. Ruck Inc. Bal	to. Md.



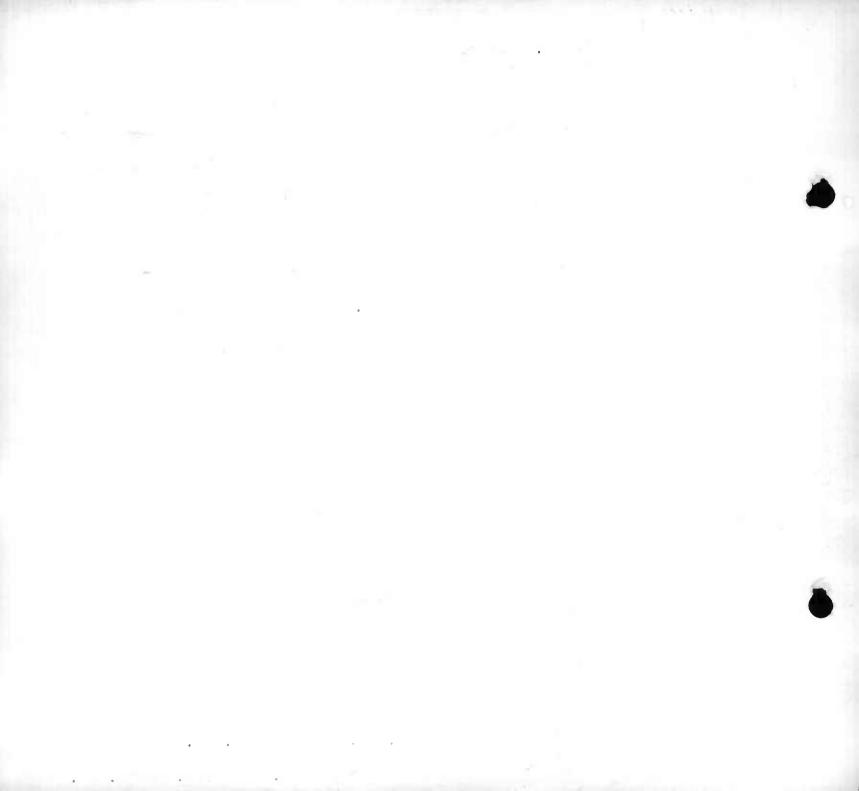
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J. 1	EACE IN DALIN	MOKE MA	TEAND, W	HEKE FRONO	DIVELD DEAD	A. STATE	8. COUN	TTY		001
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	during most of wo					Smithvi	lle, N	ew Jersey	U.	S.A.
13. [	Vever Em	projec				14. MOTHER'S				
	W1 2 1	77				_				
5 1	Rabert Wos Deceosed E			0.57	1 6. SOCIAL	17 INCODALANT	ise Br			ADDRESS
Yes	, no or unknown) (	If yes, give	wor or dole:	s of service)	SECURITY NO.	KE	ESWICK	FILES		th. St. 21
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WEDICAL CERTIF	heort failure, a injury ar camp  All DISEASES OR rise to the UNDERLYING  OTHER SIGNIFICATION THE DEATH DEATH OF CONTRIBUT DEATH (notify reconstruction) 21A. ACCIDENT OR CONTRIBUT DEATH (notify reconstruction) 21D. TIME OF INJURY (APPROX.)  22. I certify to the control of the	T WAS UND TING CAUTON (Month) (D)  hot (I) (thi ost sow the cauton) (ATION, 248 ecify)	made of . II means ch caused I CAUSES ONS, if ause (A) N last.  MIONS CONTAINED TO THE MEAN OF THE MEA	the disease, death.)  ony, giving slating the NTRIBUTING HE TERMINAL [1] (Hour 21E, White word did not ed above (1) (1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	PLACE OF INJURY  (c)  WHICH OPERATION  PLACE OF INJURY  Form, foctory, stree  INJURY OCCURRET  INJURY OCCURR	20 A. AUTOPS  (e.g., in or obout 21 C. White office bldg., INJURY  White 19 19 17 19 19 19 19 19 19 19 19 19 19 19 19 19	Y? (Yes or No HERE DID OCCUR?  OM DID INJ Ond the free deoth.  Kesw  24D. Li  24D. Li	208. IF YES, WER IN CERTIFYING COUR?  (If in Boltim  URY OCCUR?  19to	e FINDING: AUSES OF more City, gl	S CONSIDERED DEATH?  ve exoct locotion)  oth occurred on the local signed  Aug 1911



FUNERAL DIRECTOR:



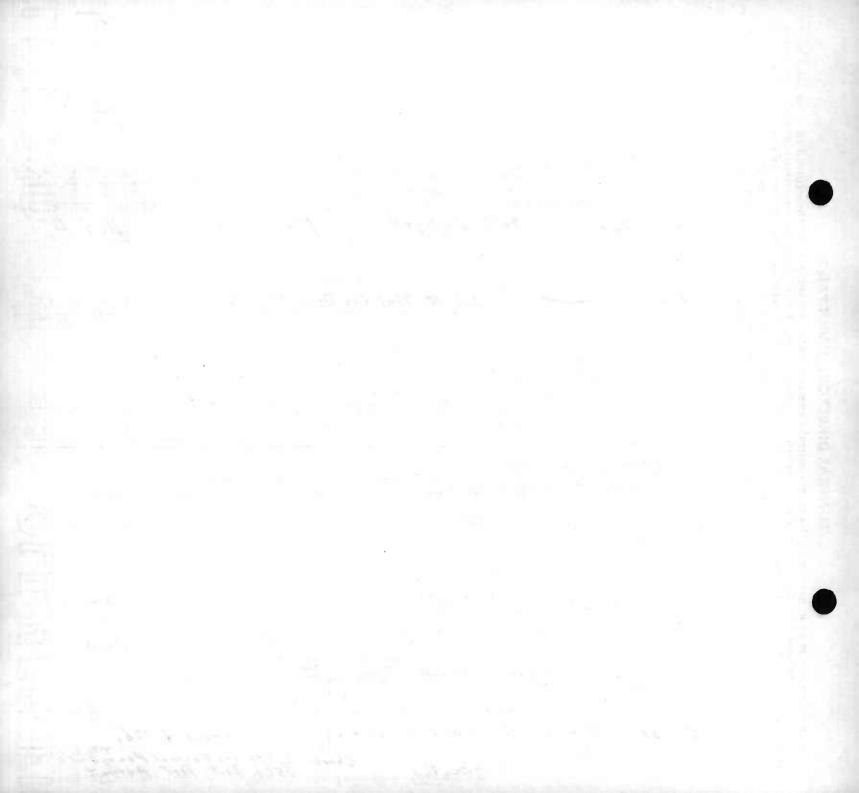
1	14/6	1,3	rise on M	ng pro-	BALTIA	MORE CITY	HEALT	H DEPARTM	ENT		17/4	PHO PHE	-
BIS	RTH NO.	71	72	/5	CER"	TIFICA	TEC	F DEA	TH	REG. NO	/1	7275	)
3 0		ASED He	ten M	. Hiel						D HOUR OF DEA	TH		
Пу	pe or Print)	FLEN	HI	SEB.	250				8-	1-71		1 17	55 A.
3.	PLACE IN BALT	MORE MAR	YLAND, W	HERE PRONC	UNCED DEAD		4. USU A. STA	AL RESIDENCE	CE (Whee	e deceased lived.	If institution;	residence before	e odmission)
FU	ILL NAME OF DSPITAL OR STITUTION	(IF NOT	IN HOSPIT	AL OR INSTI	TUTION, GIVE !	STREET		OR TOWN	036	727Im	INSIDE CITY	1144750	300
1	Silverion ,	NAR	YLA	ND	GENER	MAL	11 _	_	200 (2)	1	INSIDE CITY	NO D	Y
L	- 8		HOS	P27	A2.			ALT I			74	I NO 12	4
_	-						830	2 40	ma	of UD	2	1234	
5. :	SEX	6. RACE		7. MARRIED	NEVER MA	RRIED		OF BIRTH		9. AGE (In years lost birthday)	If Und Months	er 1 Yr. If U	nder 24 Hrs.
	0	W		WIDOWED		ORCED _	9-	28-13	7	ID		30,3	
don	. USUAL OCCU	PATION (Give orking life, eve	kind of work n if retired)	108 KIND O	F BUSINESS OR	INDUSTRY	1			•	12, CI	TIZEN OF WHA	T COUNTRY?
	House						mi	762 Y 2	AN	D.	1	ISA.	
13.	FATHER'S NAM	E					14. MO	THER'S MAIL	DEN NAM	ME			
		Mario						Marga	ret		-		
15. (Ye	Wos Deceased I	ver in U. S.	Armed Ford	es?	1 6. SOCIAL SECURITY	NA	17. INFO					ADDRESS	
	no	/ 00, g. / 0		01 30111007	SECORITI	-	Tr 1	Boland	Hi	ebler sa	m o		
	18. // 50	V I			CAUSE	OF DEAT		COLUM	4 11-4	eprer 29	me	APPROXIMATI	EINTERVAL
	DISEASE	OR COND	ITION DIR	ECTLY								BETWEEN ONSE	
	L	EADING TO	DEATH		ANIMM	EDIATE CAU	C C	ARDT	AC	AORS:	55-		
	lThis does no hearl failure, a	l mean the	made af	dying, e.g.		TO, OR AS	A CONSE	QUENCE OF:				*************	
	injuty at camp	lication which	th caused	death.)									
	· A1	NTECEDENT	CAUSES		401	v2v	50	ICU1	AR	TACHY	CARDIA.		
	DISEASES OF	CONDITIO	ONS, if	ny, giving	(B)	TO, OR AS	A CONS	QUENCE OF		TACHY	5'?		
	rise to the UNDERLYING	obave ca	use (A)	stoling the	(6)	RUL	-mo	NARY	Em	BOLUS			
Н		11	1 1031,	_	(C)								
N	OTHER SIGNIFIC	ANT CONDIT	IONS CON	TRIBUTING		= HOO	1100	@ c=		000	2.0.		
ATIC	TO THE DEATH DISEASE OR CO	BUT NOT REL	ATED TO TH	E TERMINAL		_ 1000	NIG	CKK	NHL	- FAIL	ur F		
CERTIFICATIO	19A-DATE OF	PERATION	198 CONE	DITION FOR	WHICH OPERA	TION	20A.	AUTOPSY? (Ye	es or No)	208, IF YES, WE	RE FINDING	S CONSIDERED DEATH?	
CE	21 A. ACCIDENT OR CONTRIBUT	WAS UND	RLYING	218	LPLACE OF IN.	JURY (e.g., fr	or obout	21C. WHERE	DID	(If In Bolt	more City, al	ve exoct locotion	1)
S	DEATH (notify n	nedicol exomi	ner)	hor	ne, farm, foctory .)	, street, of	ice bldg.,	INJURY OC	CUR?	<b>,</b>			,
EDI	21 D. TIME (	Monthl (Do	yl (Yeorl	(Hour) 21E	INJURY OCC	URRED		21F. HOW E	DID INJU	JRY OCCUR?			
\$	(APPROX.)			WI	sile At	Not While							
	22. I certify t	hat (I) (this	hospital)					7-7	/ 1	97) to 8	- 1		10 71
	that (1) (we) 1	-				)	19	51	and the	it In(my) (aur)	aninian dec	th accurred a	n the date
	and have and					did not) w				()	-pimaii det	decoiled (	1110 0010
	23A. SIGNATURI				-7 ( <u></u> (	1	CW INC	budy direct	deuin.		23B. DA	TE SIGNED	
	Brick	Las Jan	Dra	000	m.D.	Affer Phys	ding 🔲	Med. Directas	. 🗆 i	Staff Phys.	8-	1-7)	
	MAME (Typ		SRA!	550	m.D.	2	3D. ADD	RESS	0	920-00	OA	0-0	
24 A	BURIAL CREM	ATION, 248.	DATE		AME of CEMET	ERY of CRE	MATORY	1	24D. LO	CATION	(City, town,	or countyl	(Slole)
	Burial		/4/71		reland			)		to. MD.		0.	
25 A	DATE REC'D	A HEALTH C	EP Income			_		FUNERAL DI		.00. 11		ADDRESS	
		AUG 3	19/1	Vale	E TE	2 76.00			RFICES	dick Inc	Dali	1.4	
V.	150-REV. 1/1/68			1 17	1	6. B	med	attor.n	U. I	wick Inc	. Balt	VO. 11.	



_	TH NO.		7276		TE OF DEATH	REG. NO.	7.1	7276
(Ty	pe or Print)	ADIE		R CHERRIC	:KS	10 HOUR OF DEATH		2:15 m.
	LL NAME OF	(IF NOT ADDRES		STITUTION, GIVE STREET	C. CITY OR TOWN	owhill	IDE CITY	MITS? 7-300
	USP	HS.	Hospital		E. STREET AND NUMBER	washingto	YES	NO L
5. 9	EX	6. RACE	17					
	F	W	WIDOV		10/19/04	9. AGE (In years last birthday)	Months	Ooys Hours Min.
don	e during most of	IPATION (Give vorking life, eve QUNDV /	kind of work 108, KINI n if retired) WOTTER	- SUNS HINE	11. BIRTHPLACE (Stole or lorei	gn country)	12. CITI	USA
13.	FATHER'S NAN		1 . 2	Jero Jane D	14. MOTHER'S MAIDEN NAM			
16.1	4		LINCK	Υ	- ()	nes -		
(Ye	Wos Occased s, no ogunknown)	(If yes, give	wor at doles of servi	16. SOCIAL SECURITY NO. 227 38 72	39 When	B. Chon	-	les - Clove
_	18. 199	OR COND	ITION DIRECTLY	CAUSE OF DEATH	7	ci cue		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO		(A) IMMEDIATE CAU		ted can	cer	5 xears
	heart failure,	aslhenia, elc.	It means the dise th caused death.)	dise,	CONSEQUENCE OF:			·
		NTECEDENT		(B)				
	DISEASES O	obave ca	DNS, if any, giv use (A) stating Vost	iue	A CONSEQUENCE OF:		*********	
		II.	11004	(c)				***************************************
ATION	TO THE DEATH	BUT NOT RE	IONS CONTRIBUTING ATED TO THE TERMINING IN PART 1 (A).					
CERTIFICATION	19A-OATE OF	OPERATION	198. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES, WERE IN CERTIFYING CAN	FINDINGS USES OF	CONSIDERED DEATH?
CAL	21 A. ACCIOEN OR CONTRIBU DEATH (notify	T WAS UNDITING ☐ CAUS	ERLYING     SE OF	21B PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID	(If In Boltimore	e City, giv	e exact location)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Oo	y) (Year) (Hour)	21E INJURY OCCURRED  While At	21F. HOW DID INJU	URY OCCUR?		
	_	-		d the deceased from		971 to J	uly	3/ 19 7/
			deceased olive			ot in (my) (our) opli	nlan deoi	h occurred on the dote
	ond haur and 23A. SIGNATU		uses stoted abave	o. (I) (We) (did) (did nat) vi	ew the body after death.		228 DAT	E SIGNED /
	1	athen	R Slu	Atter	ding Med.	Staff Phys.	_	7/3//71
	NAME TY	is that	AR. SI	Clar MD	JSPHS H	ospital		
24A	BURIAL CREA			NAME of CEMETERY OF CRE			y, town, o	r countyl (Stote)
25A	DATE REC'O		DEPT. 25B. NAK		259. BUNERAL OIRECTOR	Ash	The	(AOORESS )
75	150-REV. 1/1/6	UG 3	1971 Paber	& E. Jaber M.D.	X but &	Benans	0/1	floeine Th

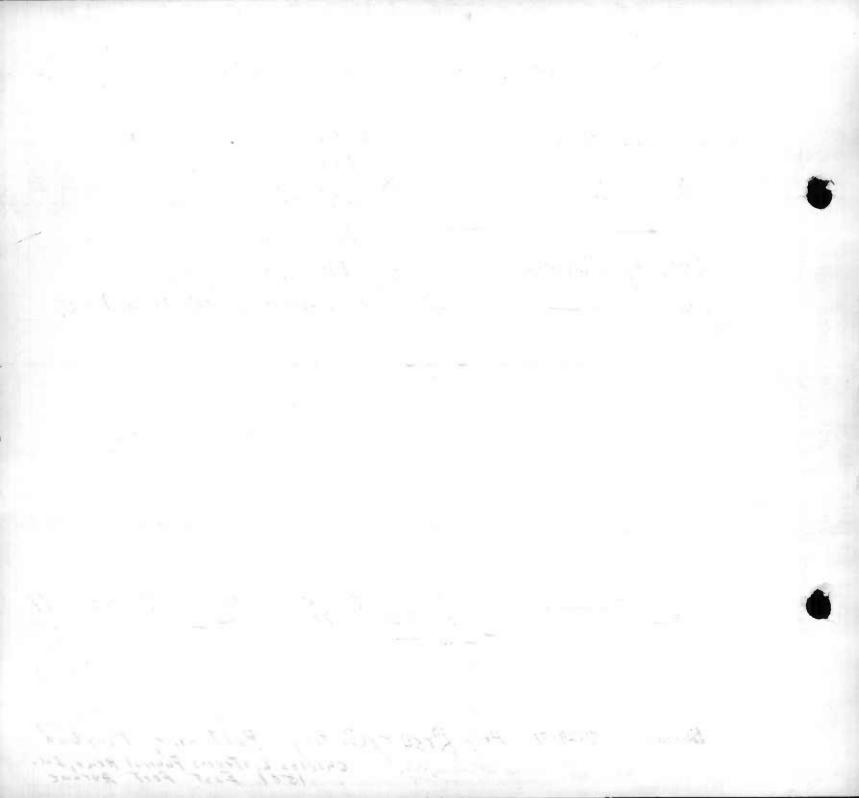


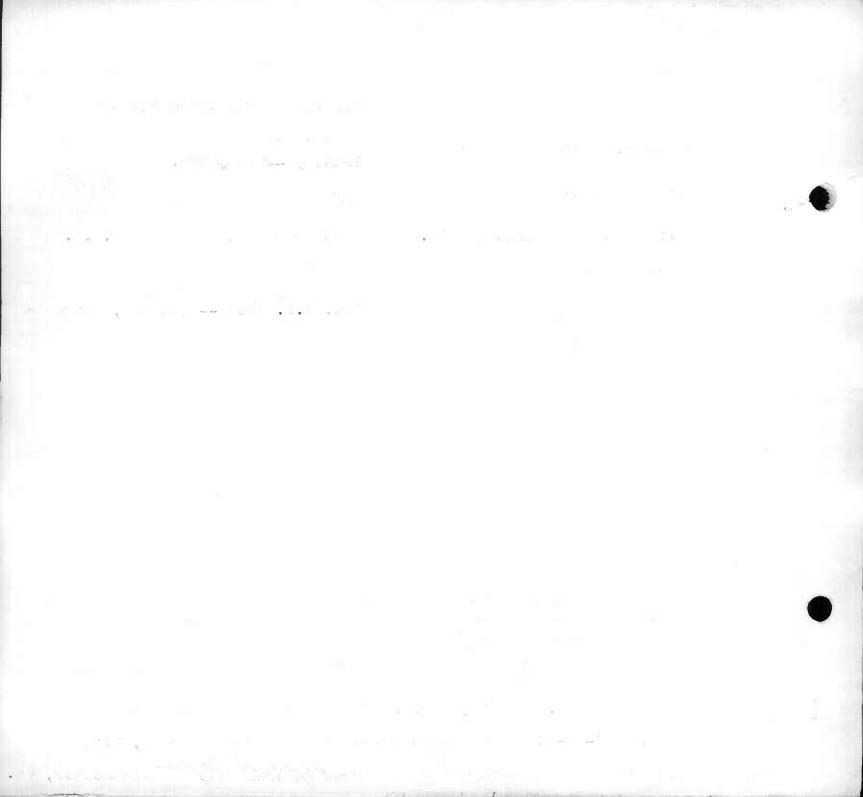
13-636		BALTIMORE CITY	HEALTH DEPARTMENT	the at 1.1.	- Imim
BIRTH NO. 71	7277.	CERTIFICA	TE OF DEATH	REG. NO.	277.
1. NAME OF DECEASED		2 1		HOUR OF DEATH	
SKRT	+DUELS N	TEOB INTHO	HV. July 3.	71; 11,35 PM	,
3. PLACE IN BALTIMORE	MARYLAND, WHERE	RONOUNCED DEAD	4. USUAL RESIDENCE (Where	eceased lived. Il institution: resi	dence belove pumission
FULL NAME OF UE	NOT IN HOSPITAL OR	NSTITUTION, GIVE STREET	606 Huson	A Rollin INI	0512310
HOSPITAL OR AD	DRESS OR LOCATION	NSTITUTION, GIVE STREET	B C B TY SUN S	- 13610.000	. 21230 .
SOLY & BULL	LWOPE (元色	NEKAL HOOSH.	C. CITY OR TOWN	D. INSIDE CITY LIM	4
1 30 44	30 04 -		Ballo. Wa	YES 🔃	NO [
PECCOLIN FAMIOI	JEKS S	3001.	E. STREET AND NUMBER	1/2	
Stod Okto			SAMIE ABOU	KZ.	
5. SEX 6. RACE	7. MAI	RIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years I( Under ) birthday) Months D	Yr. , If Under 24 Hrs.
W .	N WIDO	WED DIVORCED	112-16-02	birthday) Months D	oys Hours Min.
IOA. USUAL OCCUPATION	Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or foreign	country) 112, CITIZES	N OF WHAT COUNTRY?
done during most of working like	Therefore is marre	elf Employed	1022 /s		
Hucks les		e11 24 prog e 6	1187712	90	(. 5, A,
13 FATHER'S NAME			14 MOTHER'S MAIDEN NAME	$\sim 1 \wedge 1$	
HAROB E	KETHOU	定12.	15 A- HADIME	80111/7	-/ .
15. Was Deceased Ever in L	. S. Armed Forces?	I 6. SOCIAL	17. INFORMANT	- mul	DDRESS
(Yes, no of unknown) (If yes,	ive war or dotes of ser	SECURITY NO.			
No		212-20-7743	Mrs. Dors May	or ethouser 604	Hyson STi
16. 250,9	1	CAUSE OF DEAT	H /		APPROXIMATE INTERVAL
	NOITION DIRECTLY		0	1.	WEEN ONSET AND DEATH
The second secon	TO DEATH	(A) IMMEDIATE CAL	SE A-THOMOSCLOS	Olico Cordin	
(This does not mean	the mode of dying, e.c. it means the dis	6.7	A CONSEQUENCE OF:	150000	******************
injury or complication	which caused death.	edse,	Westerna (	WSEUS-R.	
ANTECER	ENT CAUSES	De	= 0 steer weal	1. 410	
	DITIONS, if any, g	iving DUE 10. OR AS	MOIN MARC	4145	P4-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
rise to the above	couse (A) stating	the	A CONSEQUENCE OF:		
UNDERLYING COND	TION last	(c)			
	M				
O OTHER SIGNIFICANT CO	NOTIONS CONTRIBUT	ING		i	
TO THE DEATH BUT NO DISEASE OR CONDITION	TRELATED TO THE TERMI	NAL			***************************************
OTHER SIGNIFICANT CO	ON 198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 2	B. IF YES. WERE FINDINGS CO	DNSIDERED
EIO	WAS PERFORMED		11	CERTIFYING CAUSES OF DEA	ATH?
OR CONTRIBUTING	INDERLYING T	218. PLACE OF INJURY (e.g.,	of about 21C, WHERE DID	(If In Bollimore City, give e.	weet learnings
OR CONTRIBUTING	CAUSE OF	home, form, foctory, street, of	ice bidg. INJURY OCCUR?	in an Dominior Cary, give c	AOCI IOCUIONI
U I I I I I I I I I I I I I I I I I I I					
OF INJURY (Month)	(Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY	O C CUR?	
(APPROX)		While At Work	· 🗆		
22 1	able boestast\ -as-	led the deceased from	71.6 77	71 7111	11
1 1	The same of the sa	- 1	19	10 3 Jul	The state of the s
that (1) (we) last say	the deceased alive	on 3/ July	ond that I	n (my) (our) apinion death o	occurred on the date
ond hour and fram th	causes stated abar	re. (1) (We) (did) (did not) v	lew the bady after death.	r	
23A. SIGNATURE				23B. DATE S	IGNED
	105	Atte	nding Med. Stat		^
23C-PHYSICIAN'S	CVQS.	DEGREE Phys	. L. Director L. Phy		1
23 C. PHYSICIAN'S NAME (Type)	C105.	DEGREE Phys	Med. Stal Director Phy	AUDIO GONDIO	A Aboch
F	Clas.	DEGREE Phys	. L. Director L. Phy	mon Garle	Abosh.
24A. BURIAL CREMATION.	24B. DATE  22	DEGREE Phys	3D. ADDRESS	mong Garle	AOSh.
24A. BURIAL CREMATION, REMOVAL (Specify)		DEGREE Physics DEGREE C. NAME of CEMETERY of CRE	Director Phy 3D. ADDRESS SECURITY MATORY  24D. LOCA	MON GOLLO	dosh.
24A. BURIAL CREMATION.	8-4-71 0	DEGREE Phys  DEGREE  C. NAME of CEMETERY of CRE  Stru Hove Meneria	Director Phy SID. ADDRESS SCHULL FOLLOW MATORY  PEYK  Phy Phy Phy Phy Phy Phy Phy Phy Phy Ph	MONG GOULD TION (City, town, or co Arunded, Md,	
24A. BURIAL CREMATION, REMOVAL (Specify) BUYING	8-4-71 0	DEGREE Phys  DEGREE  C. NAME of CEMETERY of CRE  Stru Hove Meneria	Director Phy SID. ADDRESS SCHULL FOLLOW MATORY  PEYK  Phy Phy Phy Phy Phy Phy Phy Phy Phy Ph	MONG GOULD TION (City, town, or co Arunded, Md, ens Funeral Homes	ADDRESS F, F. 40 F,
24A. BURIAL CREMATION, REMOVAL (Specify) BUYING	8-4-71 0	DEGREE Physics DEGREE C. NAME of CEMETERY of CRE	Director Phy SID. ADDRESS SCHULL FOLLOW MATORY  PEYK  Phy Phy Phy Phy Phy Phy Phy Phy Phy Ph	MONG GOULD TION (City, town, or or Arunded, Md,	ADDRESS F, F. 40 F,



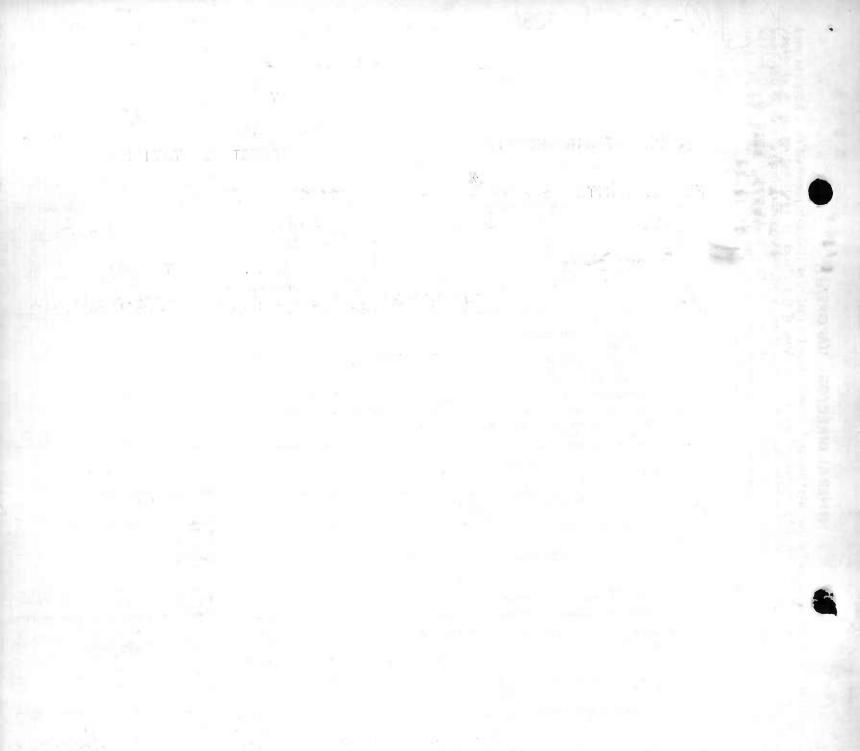
DIRECTOR:

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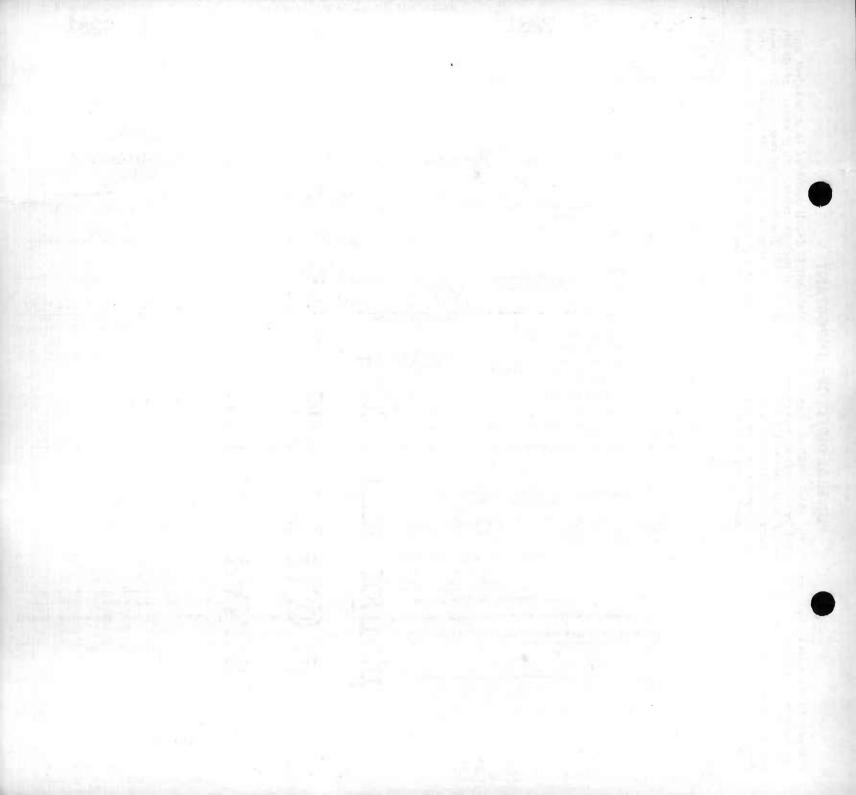


1	n	, 17/4 m	000	BALTIMORE CITY	HEALTH DEPARTMEN	T	
BIRT	1-62(	) 1 7	280	CERTIFICA	TE OF DEAT	H REG. NO	71 7280
I.N.	AME OF DECEM	ASED A RCCL	1 111	RVC		E AND HOUR OF DEATH	Н
2 0	HACE IN BALTI	MICSCI	1 1017	The state of the s	ECELLA !	3 30///	10:09 AN
FUL	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT		A. STATE B. C	LAND	institution: residence before admission
INS	ที่เป็นก็อัน	ADDRESS OR LOC	A HON)		C. CITY OR TOWN GRASON		YES NO XX
5	JOHNS	HOPKINS I	HOSPITA	L	E. STREET AND NUMB		
5. 51	EX 6	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	FEMALE	WHITE	MIDOWED		1/18/14	57	Monins Doys Hours Min.
IOA. done	during most of wo	ATION (Give kind of working life, even if refired)	10B KIND OF E		MARY A		12. CITIZEN OF WHAT COUNTRY
13. F	ATHER'S NAME	1			14 MOTHER'S MAIDEN		46,446,
	ROG	ER BROWN			DORA	M. WALBER	т
15, V		ver in U. S. Anned For	ces?	6. SOCIAL		DAAD	ADDRESS
	No	. yes, give war or our	as of services	2/3 42 01/2	ANDREW F	1 /	rasopulle, Md.
	18. 446	0.21		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
		OR CONDITION DI	RECTLY		1/2000	AR FOBRILLATE	- Valet
	(This does not	mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE VE /U //2/C U CO	412V/181004	5 min
	injury or compi	sthenia, etc. It means ication which caused	death.)		1	/ h	
	AN	TECEDENT CAUSES			ANORIA	Preomozo,	A 3 decy 8
	DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF!		2
		above cause (A)	stating the	10 PROBAL	CE COLLAGE	EN OASELKA	R VISEARE DOYNS
_	***************************************	11					<del></del>
ě i	OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING	TAN588	INHE OB	& ARUCTO	W 2 4m
< 1	DISEASE OR CON	NDITION GIVEN IN PAR	T 1 (A).	IICH OPERATION			E FINDINGS CONSIDERED
ERTIFIE	4/19/21	WAC PER	FORMED	0738 Trocpos		IN CERTIFYING C	AUSES OF DEATH?
3	21A. ACCIDENT	WAS UNDERLYING	218. PI	LACE OF INJURY (e.g., in	or obout 21C, WHERE DI	D (If In Boltimo	ore City, give exect location)
A	DEATH (notify m	redical examined	home,	lann, loctory, street, of	ico bidg. INJURY OCCU		
141	21D. TIME (	Month) (Day) (Year)	(Hour) 21 E, 11	NJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
	(APPROX.)		White Work	At   Not White		THE A	
1	22. I certify th	at (i) (this hospital	1.0	12580	Tung		July 1974
- 1		st sow the decease					Inian death accurred on the date
- 1				/ X	iew the bady after dec		
	3A. SIGNATURE						23 B. DATE SIGNED
	-StE1	hen & Nog	whocas	MO DEGREE Phys	nding Med.	Staff Phys.	30 July 1971
2	NAME (Type				3D. ADDRESS		
24A.	BURIAL CREMA	ATION, 248. DATE	24C. NAN	DEGREE AE OF CEMETERY OF CRE	MATORY 24	D. LOCATION 10	City, town, or county) (State)
	REMOVAL (Spe	P-7-17	1 11/2	m		EASTON	11
25A.	DATE REC'D BY	HEALTH DEPT.	258-NAME OF	REGISTRAR LEN	25C. FUNERAL DIREC	TOR CONTOR	DURTY SIMEY LANG
1	AUG 4	971 Valent	L. Village	MA 0 11	Wa Cost-	Ranker Townson	Inc. Towson Md
VS 1	50-REV- 1/1/68				THE TANK A	THE PROPERTY	7/10



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

- 1-1 mis	BALTIMORE CITY	Y HEALTH DEPARTMENT
ETRTH NO. 71 7281		TE OF DEATH REG. No. 71 7281
I.NAME OF DECEASED		2. DATE AND HOUR OF DEATH
(Type or Print) SIL + Al	phan G.	hile 31st 71 1 1035 LM
Elliott, Alphana	proag J.	
3. PLACE IN BALTIMORE, MARTLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where Deceased lived. It institution: residence before admission) A. STATE B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	mo +2533
INSTITUTION		C. CITY OR TOWN D. INSIDE CITY LIMITS?
4		Dalto YES NO
9 0		E. STREET AND NUMBER
South Dotto General	Hospital	2817 Indiana St. Balto 21230
MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months; Doys Hours Min.
I- WIDO	OWED DIVORCED	6-20-99 last birthday 72 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KI		
done during most of working life, even if retired)		12, CHIZEN OF WHA! COUNTRY?
20 use wice		Maria USA
13. FATHER'S NAME		14 MOTHER'S MADEN NAME
7 0		WATER 3 MANER NAME
· Cumbez		MATHE (Dec)
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	
Yes, no or unknown) (If yes, give war or doles of se	rvice) SECURITY NO.	
	213 16 0708	Edwin W. Elliott 2817 Indianna St Balto 30
110	CAUSE OF DEAT	
18. 4/0,01		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		A A
LEADING TO DEATH	4.5.04.4504.45.64	ISE Ventricular anguers = Zweeks
(This does not mean the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:
heart failure, asthenia, etc. It meons the dis	sease,	A CONSEQUENCE OF:
injury or complication which caused death.)		
ANTECEDENT CAUSES	M	Joseph Air Lastones 1 3400 100
DISTASSE OR COMPUNIOUS IS	(8)	YOCAR Mal + NTarc to Sweeks
DISEASES OR CONDITIONS, if any,		A CONSEQUENCE OF:
rise to the above cause (A) stating UNDERLYING CONDITION tost.	IT line and a	Noive Caretionasculari Diseaso Yours
CHECKETHO CONDITION 1081	(c) 114 PEICTON	PATUE CATE OF COURTS OF THE PATENTIAL PROPERTY OF THE PATENTY OF TH
	70	
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING	
FIGURE DEATH BUT NOT RELATED TO THE TERM	INAL	
DISEASE OF CONDITION GIVEN IN PART 1 (A).	FOR WHICH OBERATION	1204 - 11200240 /V N-V 202 15 V
WAS PERFORMED	POR WHICH OPERATION	20A. AUTOPSY 1 (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 19E CONDITION WAS PERFORMED		100
	21B PLACE OF INJURY le.g.,	n or about 21 C. WHERE DID (If In Baltimore City, give exact location)
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined)	home, form, factory, street, of	fice bidg, INJURY OCCUR?
21D. YIME (Month) (Doy) (Yeot) (Houth	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURI	While At   Not Whit	
(APPROX)	Work At Work	
22. I certify that (f) (this hospital) atten	ded also described //	6-July 197/10 31-July 1971
		6-July 19 7/ to 31-July 19 7/
that (1) (we) last saw the deceased alive	on 31-1-10/	19 // and that In(my) (out) opinion death occurred on the date
and have and to do also assure asset at at	- maximum	- Annual Control of the Control of t
and have and from the couses stated aba	Ve. (1) (ME) (ala) (ala not) V	lew the bady after death.
23A. SIGNATURE	2. / 11.	23B, DATE SIGNED /
Kicholad F If	- / /7/ Atte	anding Med. Stoff Phys. 3/- July 1-7/
	DEGREE Phys	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS
Waland F F.	chan MAT	1 K. K. K. L
I KICHAILU L 11	JUELS LA DEOKEE	300 AN 13612. Aon - 1203/2, Low 1
4A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	4C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (Stole)
0/5/5	and the second s	
wiai   0/5///	0-6	0. 1 111
	Oakwood Cemetery	Richmond Virginia
	Oakwood Cemetery	25C. FUNERAL DIRECTOR ADDRESS
		25C. FUNERAL DIRECTOR ADDRESS



FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) July 31,1971 10:30 Ma Vivian Boger 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YESAA NO University Hospital E. STREET AND NUMBER Stricker Street 207 South 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. Months! Doys If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED X XNEVER MARRIED Hours lost birthdoy 11/14/10 WIDOWED DIVORCED 60 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. West Virginia Dept. store Saleslady 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daisy Mar George Matthew Andrews 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) ADDRESS 17. INFORMANT SECURITY NO Herman Boger 207 So. Stricker St21223 APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exoct location) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDI 21 D. TIME OF INJURY (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) While At Not While r (APPROX.) At Work Work 22. I certify that (1) (this hespital) attended the deceased from. that (1) (we) last saw the deceased olive an pinlan death occurred an the and that in (my) and hour and from the causes stated above. (1) (We) (did) ( ) view the body after deoth. 23A. SIGNATURE Attending 7 Med. Staff Director L Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Cumberland, Rose Hill Cemetery Allegany, Burial Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Walters Funeral Home Pratt&Stricker Streets 21223 VS 150-REV. 1/1/6B

Occupion ( Francis y Clothe Chileria sulanosos le lestas The purple of The Pring To be the man to see the manufacture in

BALTIMORE CITY	HEALTH DEPARTMENT
-500 my mars CERTIFICA	TE OF DEATH REG. NO.
ME OF DECEASED	1200
or Print)	2. DATE AND HOUR OF DEATH
ACE IN BACTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	1 - 24 - )
THE PROPERTY OF THE PROPERTY O	A. STATE B. COUNTY
NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland & Ballimore 5300
Bon Scour Hospital	C. CITY OR TOWN D. INSIDE CITY LIMITS?
13011362000 116201141	YES NO NO
	E. STREET AND NUMBER
	1309 Linden Arc. # 21227 Batto. Conty
6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 24 Hrs.)  [ast birthday]   Manths; Doys Hours; Min.
WIDOWED DIVORCED	7-19-99 72
SUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY uring most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
liceman	Battimore, Maryland U.S.
THER'S NAME	14. MOTHER'S MAIDEN NAME
4.11.	0 00
s Deceased Ever in U. S. Armed Forces?   16. SOCIAL	Agnes G. O'Brich
o or unknown) (If yes, give war ar dates of service) SECURITY NO.	WDDKC22
0 215-34-8601	Milton Simpkins. 4600 Linkendy.
· 038,91 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	C14 5/ - 6
This does not make the series of the CAU	
eart lailure, asthenia, etc. It means the disease,	CONSEQUENCE OF:
jury or camplication which caused death.)	
ANTECEDENT CAUSES (B) Staw	Megative septicemia days
	A CONSEQUENCE OF:
se Ia the above cause (A) stating the NDERLYING CONDITION last. (C)	
II (	
THER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL SEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at Nat 20B. IF YES, WERE FINDINGS CONSIDERED
	IN CERTIFYING CAUSES OF DEATH?
A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in contributing CAUSE OF hame, farm, factory, street, aff	ar about 21C. WHERE DID (II in Ballimare City, give exoct lacotion)
ATH (notify medical examined) etc.)	110011
D. TIME (Manth) (Doy) (Year) (Haus) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
PPROX.) While At Not While	
Work At Wark	7 7 7 7 7 7 7 7
. I certify that (I) (this hospital) attended the deceosed from	19 / to
ot (I) (we) lost sow the deceased olive on	ond that in (my) (our) opinion death occurred on the date
d hour and from the couses stated above. (1) (We) (did) (did not) vi	ew the body ofter deoth.
A. SIGNATURE	23B, DATE/SIGNED
Cland a King M.D. DEGREE Phys.	nding Med. Stuff Director Phys. D 7/29/7/
DEGREE	3D. ADDRESS
OclaVIN (1 Ruin MO)	Bon Jecous Hopelay
URIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
EMOVAL (Specify)	
ATE REC'D BY HEALTH DEPT. 1258. NAME OF REGISTRAR	ECEMETERY DORSEY (Y) ALYLAND
	25C. FUNERAL DIRECTOR
AUG 4 1971 Robon E. Fallon K.D. 1	AMBOSS INC. 13 V8 Jufphun Jungeld.

New Bridge Baptist Cem.

Bisino

FUNERAL DIRECTOR

Md

Rising Sun, Md.

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ADDRESS

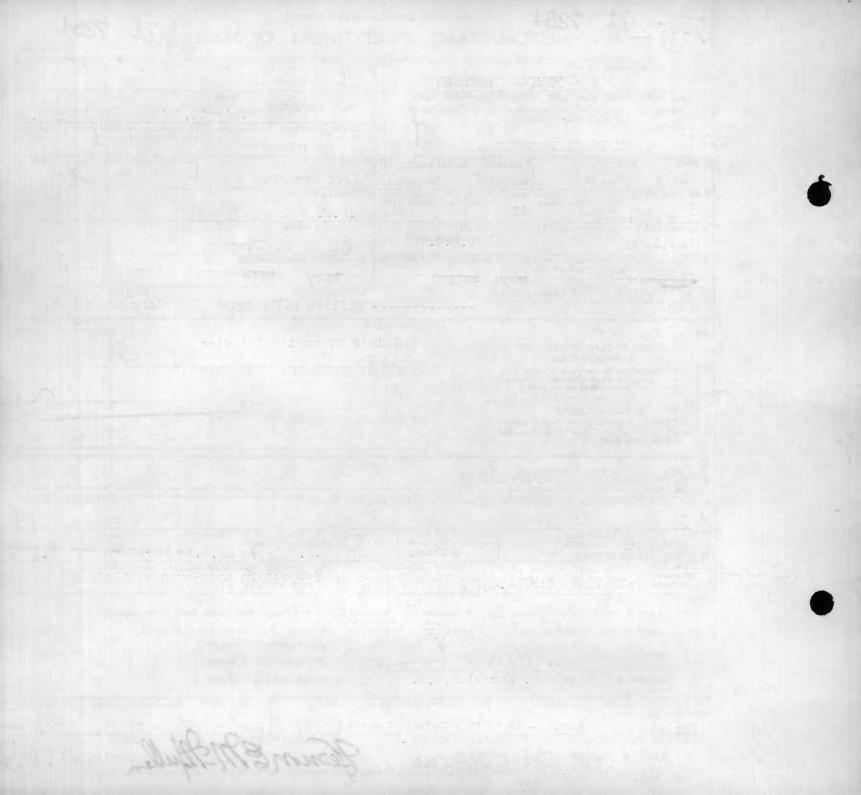
Aug. 1-1971

258. NAME OF REGISTRAR

Burial

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEAUH DEPT.



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

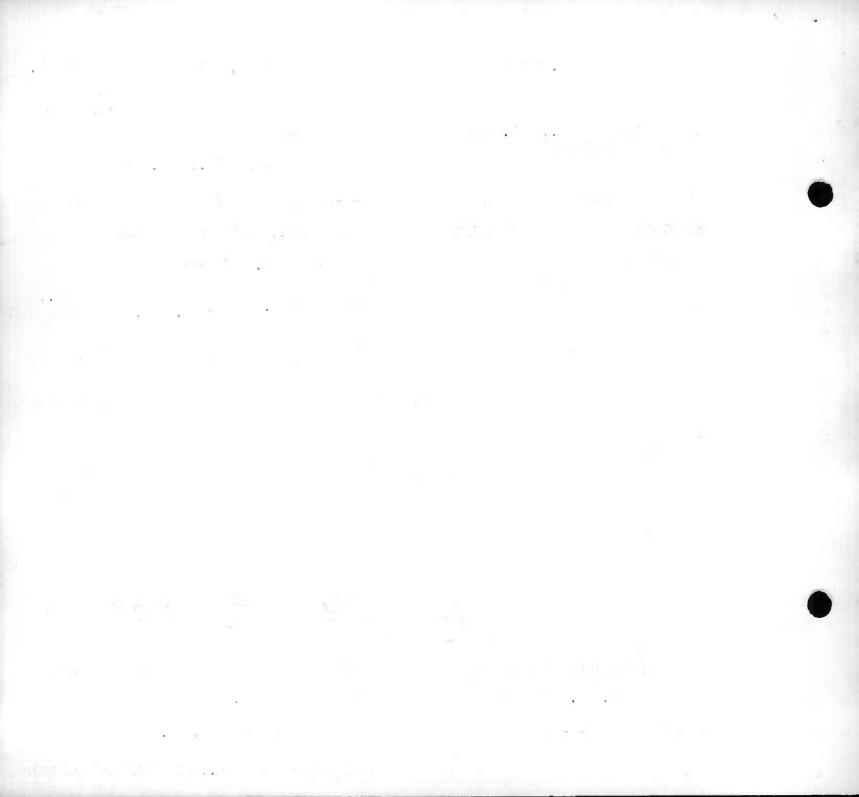
1 - 2	(11)		BALTIMORE CITY	HEALTH DEPARTMENT		MIA MODE
BIRTH NO.	71	7285	CERTIFICA	TE OF DEATH	REG. NO	71 7283
1. NAME OF				2. DATE	AND HOUR OF DEAT	Н
tibbe of tutti	Ramsev Ha	milton I	ittle	Jı	ulv 30, 19	71   12:55 A
3. PLACE IN	BALTIMORE MARYLAN	D, WHERE PRONC	UNCED DEAD	A STATE B. CO	Where deceased lived. II	71 12:55 A
FULL NAME	OF OF NOT IN H	OSPITAL OR INSTIT	TUTION, GIVE STREET		Harford	County
HOSPITAL O	R ADDRESS OR	LOCATION		Maryland c.cir or town	D. IN	ISIDE CITY LIMITS?
30				Darlington	1	YES NO
Chur	ch Home an	d Hospit	al		x 156	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	Il Under 1 Yr. 11 Under 24 H Months! Days Hours Min.
М	W	WIDOWED		8-4-00	lost birthdey)	Months Doys Hours Min.
	CCUPATION (Give kind o			11. BIRTHPLACE (State of	, ,	112. CITIZEN OF WHAT COUNT
	est of working life, even if re	fired)			total Country	
Chau	ffeur	State	Roads Comm.	Maryland		USA
3. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
Anah :	0 Ti++10			Ann E Ma	in	
APCD1	e Little	d Forces?	16 SOCIAL	Ann E. Ma	#TU	ADDRESS
Yes, no or unk	nown) If yes, give war o	dates of service	SECUEITY NO.			
No			220 01 536	Mrs. Iren	e Hurst, Da	rlington, Md.
18. 4	10.01		CAUSE OF DEAT			APPROXIMATE INTERVA
Di	SEASE OF CONDITION	N DIRECTLY				BETWEEN ONSET AND DE
	LEADING TO DE		4.4844501475 641	Pulmomary E	Edema	
iThis do	es not mean the mod	le of dying, e.g.	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
heart fai	iurs, asthenia, etc. It m complication which co	neans the disease	•			
injury or	- I - I - I - I - I - I - I - I - I - I			Myocadial i	infarction	
	ANTECEDENT CA	.U2F2	(8)			
	S OR CONDITIONS,		DUE TO, OR AS	A CONSEQUENCE OF:		
	the above cause		(c) Arte	riosclerotic	cardiova:	scular
-			(0)		dis	ease
Z		CONTRIBUTING	Acute	abdomen, ca	ause?	
E TO THE	GNIFICANT CONDITIONS DEATH BUT NOT RELATED	TO THE TERMINAL	Elect	rolyte imbal	lance Uyer	nia
TO THE I	OR CONDITION GIVEN II	N PART 1 (A).	WHICH ORDATION	20A. AUTOPSY? (Yes of	Not 208 IS YES WES	E EINDINGS CONSIDERED
E 174.DA1	E OF OPERATION WAS	S PERPORMED	WHICH OFENCION		IN CERTIFYING	RE FINDINGS CONSIDERED
21A, AC				No	74 t P 14	
OR CON	CIDENT WAS UNDERLY! TRIBUTING CAUSE Of notify medical examined	F 21	me, form, foctory, street, o	n of obout 21C. WHERE OIL	(If in Boilin	nore City, give exact location)
UI						
OF INJU			E INJURY OCCURRED		INJURY OCCURS	
MAPPROX.		W	hile At D Not While	• 🗆		
00.1				7-28-71	19 to	7-30-71 19
	rtify that (i) (this hos					
that (i)	(we) lost saw the dec	ceased alive an.	7-30-71	19and	that in (my) (our) o	pinion deoth occurred on the d
and hou	r and from the couses	stoted above.	(i) (We) (did) (did not) v	lew the body after dea	th.	
23A. SIGN	NATURE	01				238. DATE SIGNED
K	- Greorge	Ollo		ending Med.	Stoff Phys.	7/30/71
220 8110			DEGREE Phy	s. L. Director L. 23D. ADDRESS	- Phys. Let	1 / / "
NAA	SICIAN'S ME (Type)					
		George T	homas OEGREE	Church Hom	e and Hosp	ital
24A. BURIAL	CREMATION, 248. DA		IAME OF CEMETERY OF CR	EMATORY 240	LOCATION	(City, town, or county) (State)
Buri		.1,1971	Darlingt	on I	Darlington	Harford Md
	EC'D SY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
AUG	A 1971 Q.	2 8 E 3a a	WALL OF THE	John Ha	Harkins.	Delta Pa.
VS 150-REV.	1/1/68			11 4 4 V		

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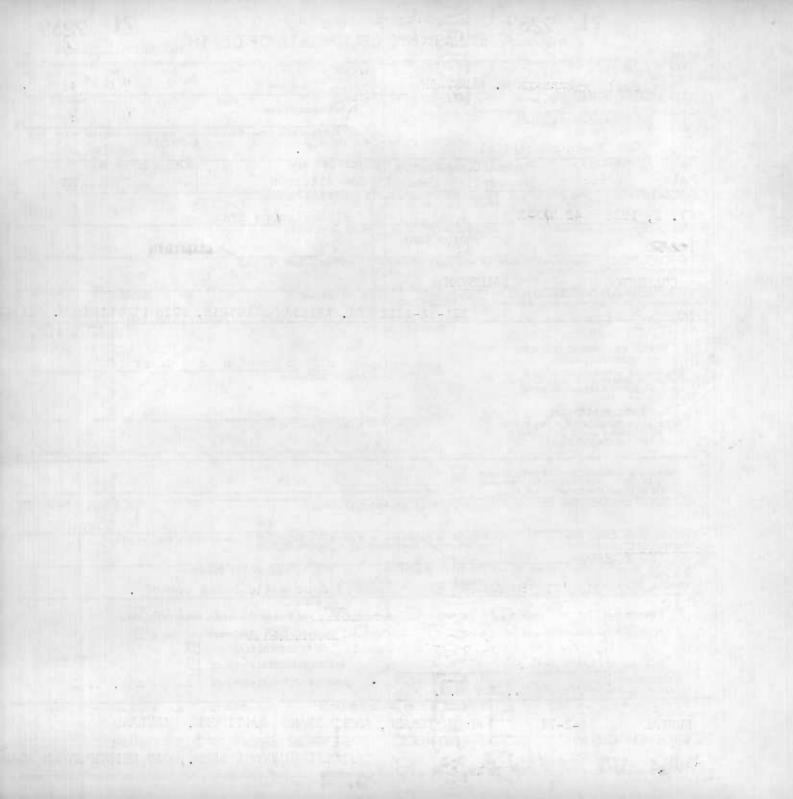
**DIRECTOR:** 

FUNERAL

2/14/71, OAKLAND, mil



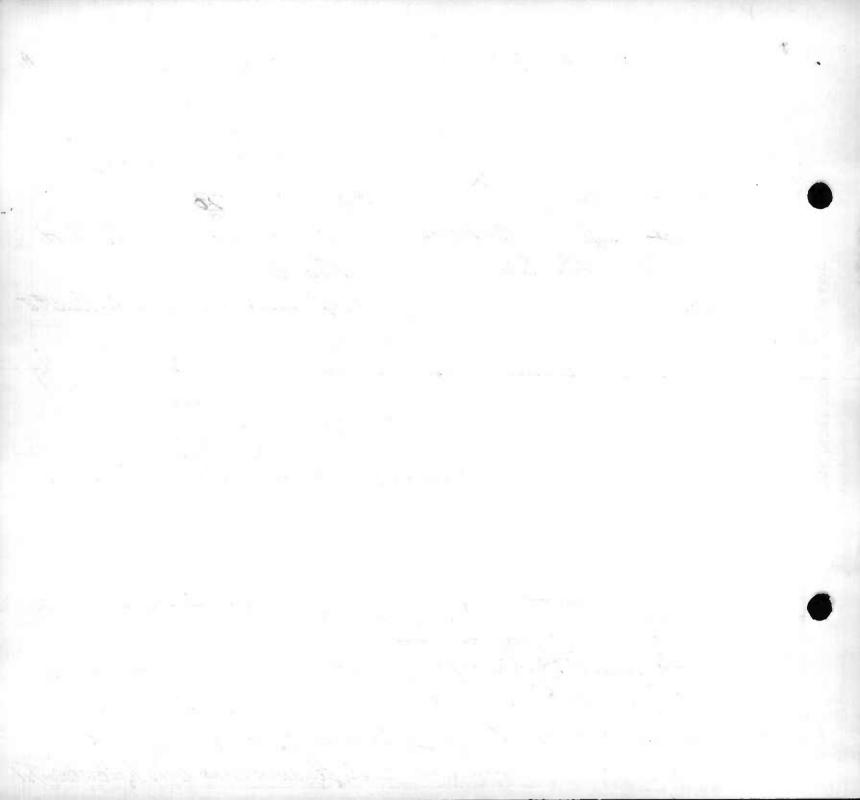
1)-4/2	ENICAL		ALTH DEPAR	CATE OF	DEAT				_
BIRTH NO.	EDICAL	EXAMINER'S	LEKTIFIC	CATE OF	DEAT	REG. N	0		
I. NAME OF DECEASED			2. DATE	Known []	Month	Day	Year	Hour	===
(Type or Print)	XXXX W.	BLUSTEIN	OF DEATH	Estimoted 🔯 X	-	31	171	3:30	P <sub>M.</sub>
4. PLACE IN BALTIMORE, MARYLANI	D, WHERE PR	RONOUNCED DEAD	3. DATE	71	Month	Day	Yeor	Hour	М.
FULL NAME OF (IF NOT IN HOS HOSPITAL ADDRESS OR LE	SPITAL OR INST	TITUTION, GIVE STREET		JNCED DEAD	7	31	171	13:30	P M.
Bon Secours	Hospit	:al	S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)  A. STATE  Md.  Baltimore						
6. SEX 7. RACE	8. MARR	IED X NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?		
Male   White	WIDOW	VED DIVORCED	Randa1	.1stown			YES 🗌	NO M	
OCT. 1, 1928 42 X	XXXX	If Under 1 Yr. II Under 24 Hrs. Months Days & Hours & Min.		Plowine	Road				
11. BIRTHPLACE (Stote or loreign countr POLAND	ή)	12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S	S NAME	BI	LUSTEIN	J		
14A.USUAL OCCUPATION (Give kind of v	vork 14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NAM			•		
dana during most of working lile, even if retir COLLECTOR	(bed)	ALESMAN							
16. WAS DECEASED EVER IN U.S. ARI (Yes, no or unknown) (II yes, give wor or do			18. INFORM	IANT			ADDRESS		
	tes of service	SECURITY NO. 131-28-1212		LLIAN BLU	ICTEIN	0726		ME DD	#2113
NO		CAUSE OF DEA		LLLIAN DLC	DILLIN	, 3720		PPROXIMATE IN	
C70011		Chose of per						VEEN ONSET A	
DISEASE OR CONDITION D									
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(This does not mean the mode of heart lotture, asthenia, etc. It means injury or complication which coused	s the disease.	DUE TO, OR A	AS A CONSEQU	JENCE OF:					
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DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A)	ANY, GIVING STATING THE ST. S CONTRIBUT TO THE TERM	(c)	AS A CONSEQ	PUENCE OF:					
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IMPORTANT

FUNERAL DIRECTOR:

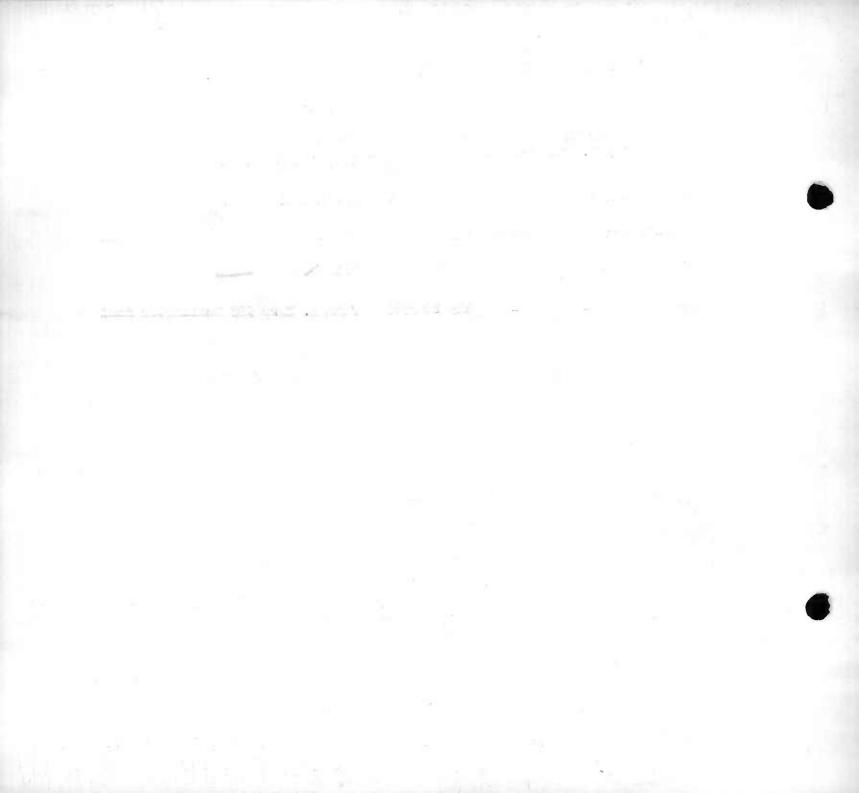
2	BALTIMORE CIT	Y HEALTH DEPARTMENT	17/4
BIRTH NO. 71 7290	CERTIFICA	TE OF DEATH REG. NO	71 7290
(Type or Print) ANNA R	URIAL	2 DATE AND HOUR OF DE	ATH DODA
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	4. USUAL RESIDENCE (Where deceosed lived	If institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION. GIVE STREET	MD. BALTIM	and the same of th
SINAI HOSP. OF	BALT-,INC.	PIKES VILLE	YES NO NO
		11 Slade	Avenue_
Ha all land	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (in years last birthday)	Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108. KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BATHPLACE (State or foreign county:	12. CITIZEN OF WHAT COUNTRY?
Housewife 1	at Home	Rumania	11.5.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
: Zerles	v	tearl?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	ice) 16. SOCIAL SECURITY NO.	Mal Bulin -//	Slade Aue #8
18.410,014174	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	17	cute inspeanded	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., OUE TO, OR AS	A CONSEQUENCE OF:	2 minusty
injury at complication which caused death.)	Hyperte	my rue auteriose levo	1 2 2 2 2
ANTECEDENT CAUSES	(B) (COQ)	ovasen la disease	with years
DISEASES OR CONDITIONS, if ony, gi tise to the obove couse (A) stoting UNDERLYING CONDITION tost,	ving DUE O OR AS	A GOD SEQUENCE OF UC OLOLA!	A
ONDERCTING CONDITION tost.	(c) // C/ 6	actions and comple	SIL
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG Conce	- of breast	3 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI. TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., in hame, farm, factory, street, after.)	nor obout 21 C. WHERE DID (If In Ballice bldg., INJURY OCCUR?	timore City, give exact location)
OF INJURY (Manth) (Doy) (Year (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(AFFROX)	While At Not While Work At Work		
22. I certify that (I) (this heaptral) attend		186) to S	9/43/ 1921
that (I) (we) lost saw the deceased alive			opinion deoth occurred on the date
ond hour and from the couses stated above	o. (i) (We) (did) (did not) vi	ew the body ofter deoth.	
Summers Of tul	in, up Atter	Med. Stoff Phys.	23R DATE SIGNED
23 C. PHYSICIAN'S NAME (Type) Sey nour H. Ry 6	OEGREE Phys	3D. ADDRESS	1/3/1/
24A. BURIAL CREMATION 24R DATE	DEGREE C. NAME of CEMETERY OF CRE	MATORY 240. LOCATION	(City, town, or county) (State)
BUSIAL Specify)	Phuit A	muses Rath	(City, town, or county) (Stote)
	AE OF BEGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
AUGA 1071 PRABE	RI NA DIE	of Lansond Blod.	6000 Frituetour Tel
VS 150-REV. 1/1/68	The state of the s		



(	S-432 71	179	91		HEALTH DEPARTMENT		71 7291
PI	RTH NO.		ARK .	CERTIFICA			
	D/ A	CAR		MOTEIN	2. DA	JULY 30,19	
3.	PLACE IN BALTIMORE, MA	YLAND, WHI			4. USUAL RESIDENCE	Where deceosed lived. II	institution: residence before admission)
FL HI	ULL NAME OF (IF NOT OSMITAL OR ADDRESS	IN HOSPIYAL S OR LOCATI	OR INSTITU	JTION, GIVE STREEY	MARYLAND C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	SINAL HOS	PITAL	OF	BALTIMORE	BALTIMORE  E. STREET AND NUME		YES NO
-	4- 2-			_	6318 GK	REENSPRING	AVE APT 101 #
	MALE WHIT	<u> </u>	MARRIED (	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (in years last birthday)	Il Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min.
10/	USUAL OCCUPATION (GIVE	kind of work 10					12. CITIZEN OF WHAT COUNTRY?
dor	ne during most of working life, eve	n if retired)					
13.	NW BROKER FATHER'S NAME		KEAI	LESTATE	BALTIMUKE  14. MOYHER'S MAIDEN	MARYLAND	USA
	ABRAHAM JOSI	DU COLI	CTEIN		ROSA	?	
5.	Was Deceased Ever in II S	Armed Fores	2	1 6. SOCIAL	17. INFORMANY		Appress
Ye	s, no or unknown) Ill yes, give	wor at dotes o	of service)	SECURITY NO.			ADDRESS APT. 101
_	NO			CALLES OF DEATH		GOLDSTEIN, 631	18 GREENSPRING AVE.
	DISEASE OR COND		TLY	CAUSE OF DEATH		1 44. 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not meen the heart failure, asthenia, etc. injury or camplication whi	It means the	e disease.	DUE TO, OR AS	CONSEQUENCE OF:	of the	ind
	ANTECEDENT		ion.	lise	the metant	axisa)	
	DISEASES OR CONDITION		t siving	(B)	A CONSEQUENCE OF:		******************************
	rise la lhe abave co UNDERLYING CONDITION	use (A) st	ating the	(c)	CONSEQUENCE OF:		
_	11						
ATION	OTHER SIGNIFICANT CONDITION THE DEATH BUT NOT REDISEASE OR CONDITION GIVE	ATED TO THE	TERMINAL	************************	*****************	***********************	***************************************
RTIFIC	19A-DATE OF OPERATION	19B. CONDIT	ION FOR W	HICH OPERATION	20A. AUTOPSY? IYes	IN CERTIFYING CA	FINDINGS CONSIDERED
	21A. ACCIDENT WAS UND OR CONTRIBUYING CAU DEATH (natity medicol exom	ERLYING   SE OF	21 B. i home elc.)	PLACE OF INJURY le.g., in , farm, loctary, street, oli	or obout 21C. WHERE D	ID (If In Boltimo	re City, give exoct location)
MEDIC	21D. YIME IMonth! (Do OF INJURY (APPROX.)	y) [Yeori (I	While	INJURY OCCURRED  At Not While		INJURY OCCUR?	
			Work				
	22. I certify that (1) (this that (1) (we) lost sow the			e deceosed from	7 - 11		7-30 19 71
	ond haur and from the co			(We) (did) (did not) vi	ew the hady after day	a mar in (my) (oor) op	amon death occurred on the dote
	23A. SIGNAYURE		000101 (1)	(110) (010 101) 41	ew the body offer dec	orn.	238, DATE SIGNED
	Susan	M. K	oden	MD DEGREE Phys.	ding Med.	Staff Phys.	7-30-71
	23C-PHYSICIAN'S NAME LYppel	SUSAN	M. COH	2	SINAI HO	SPITAL	
24A	BURIAL CREMATION, 24B, REMOVAL (Specify)	DATE		ME of CEMETERY OF CRE			ity, town, or countyl (State)
	BURTAL 8-	1-71	PETA	ACH TIKVAH		ROSEDALE, MARY	LAND
25A	AUG 4 1971	EPT.   251	B NAME OF	REGISTRAR  Ben MD ()	25C. FUNERAL DIREC	CTOR	ADDRESS O REISTERSTOWN ROAD
10	160 861/ 1/1/40	Aro Gal'B	C, Vau	DEN PLU	Post Deliverion.		

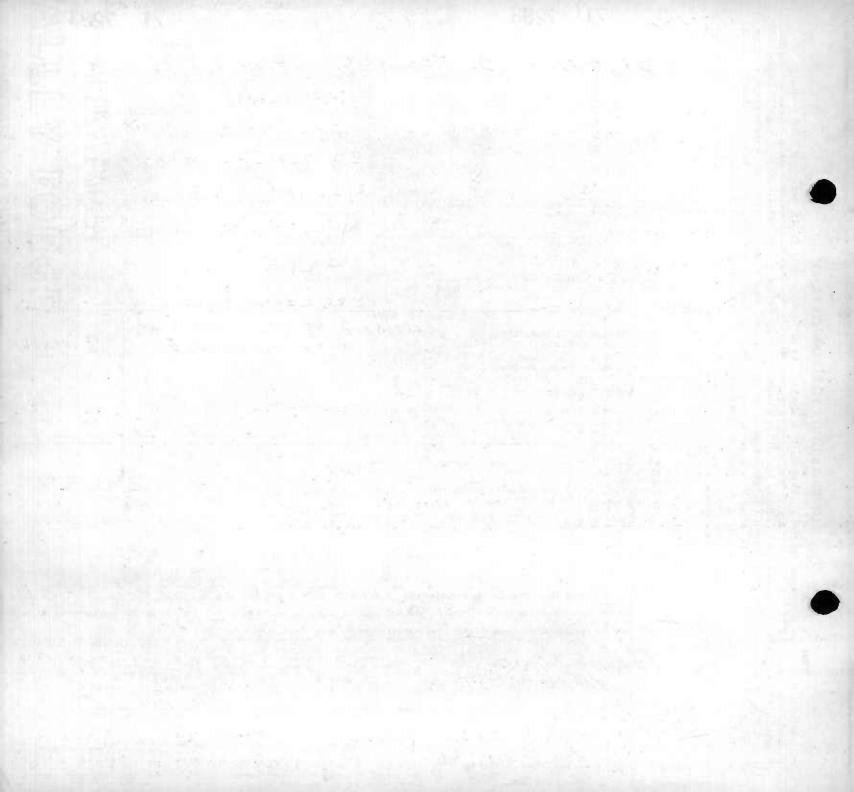


1	7-600	) ,-1.8	m002		HEALTH DEPARTMENT		.71 7292
	TH NO.	/1	1230	CERTIFICA	TE OF DEATH	REG. NO	
	IAME OF DEC	EASED MMA	6	Carey	2. DATE	AND HOUR OF DEATH	18.50 A M
3.	PLACE IN BAI	LTIMORE MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before odmission)
III HC	LL NAME OF	ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	Maryland c, City or Town	D. IN	SIDE CITY LIMITS?
	0	Longreen No	rsing Ho	ome	Baltimore		YES X NO
	70	115 E. Mel			E. STREET AND NUMBER 3939 Roland		
5. 5	έx	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
	Female	White	WIDOWED [		1 Jan 1893	78	TVIII.
don	. USUAL OCC e during most af	UPATION (Give kind of working life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stota or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY
	Clerk-T	ypist	Cotton	Mill	Maryland		USA
le .	FATHER'S NA				14. MOTHER'S MAIDEN N	AME	
	Wallace	Cross			Elizabeth Fl	Lemming	
15. (Ye:	Was Deceased	Ever in U. S. Armed Fa	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES\$
	No	-	-	215 10 5913	John M. Karr	903 Welling	rton Road
	18.	2.3		CAUSE OF DEATH		, , , , , , , , , , , , , , , , , , , ,	APPROXIMATE INTERVAL
	DISEA	SE OR CONDITION D			S. A	00-1	BETWEEN ONSET AND DEATH
	(This does a	LEADING TO DEATH not mean the mode of		(A) IMMEDIATE CAU		Scheroh	c /0 yr
	heart (ailure,	osthenia, atc. It meons	the diseose,	DUE TO, OR AS	CONSEQUENCE OF:	A Denea	
		nplication which caused ANTECEDENT CAUSES		- 1	A. D.	·OOA	5.
				(B) CUE TO OB AS	A CONSEQUENCE OF:	ul askhm	395
	rise to the	OR CONDITIONS, if a above cause (A) G CONDITION last,	stoling the	(c)	A CONSEQUENCE OF:	·	
_		11		0	1 2 / 2	0 0	Λ
ATION	OTHER SIGNIF	FICANT CONDITIONS CO	NTRIBUTING	Tene	raleged les	leno Sch	in
CA	DISEASE OR C	ONDITION GIVEN IN PA	RT 1 (A).	HICH OPERATION	20A. AUTOPSY? IYes or	Noll 208 IE VEC WESE	ENDINGS CONSIDERED
CERTIFIC	0	WAS PER	FORMED	THE OPERATION	ho.	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL	21A. ACCIDES OR CONTRIBL DEATH (notify	NT WAS UNDERLYING [ JTHNG ] CAUSE OF medicol examiner	218, home atc.)	PLACE OF INJURY (e.g., ir , farm, factory, stract, of	or obout 21 C. WHERE DID	(il in Baltima	re City, give exect location)
ED	21D. TIME OF INJURY	(Manth) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
٤	(APPROX)		While	e At Not While			
	22. 1 certify	that (1) (this hospito			June It	19 7/ to lun	1071
		clast saw the deceas		July 31 2	19and	71	Inlan death accurred an the date
	and have and	d from the causes sta	ted abave. (I)	(We) (did) (did not) v	lew the bady after deoth	1•	,
	23A. SIGNATU	Il L. Chan	hun	[ /   Dh.	nding Med.	Staff Phys.	23R DATE SIGNED
	23C. PHYSICIA NAME (T	in's ypel Fac/	Charle	DEGREE	3D. ADDRESS	PAR.	B. H. mil
24A	BURIAL CRE	MATION, 24B. DATE	24C.NA	ME of CEMETERY of CRE	MATORY 124D.	LOCATION IC	City, town, or county) (Stote)
	REMOVAL () Burial	Specily) 4 Aug		lawn Cemetery			more Co, Maryland
		BY HEALTH DEPT.	258 NAME OF	FREGISTRAR	25C FUNERAL DIRECTO	DA III	ADDRESS
VS	150-REV. 1/1/	191 1			OI HUURYST	FUNEIGI MO	me Isano, Mid



FUNERAL DIRECTOR: IMPORTANT

1) /nd 194 19002	BALTIMORE CITY	HEALTH DEPARTMENT	Jane Ji	10.00
1-420 71 7293	CERTIFICA	TE OF DEATH	REG. NO.	7293
I, NAME OF DECEASED		2. DATE AND H	OUR OF DEATH	
Type or Print) De ABOLL	D P0/14	- 10	1 1971	1 613 2
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where de	Sepsed lived. If instituti	on: residence before admission
7 -	1	A, STATE B. COUNTY	<u> </u>	222
ULL NAME OF (IF NOT IN HOSPITAL OR INST OSPITAL OR ADDRESS OR LOCATION)	ITUTION, GIVE STREET	MARYLANI	) ugita ser	cof 1 10
		C. CITY OR TOWN	D. INSIDE C	
32 OLMSTED GR	REN	BACLIMOR	YES	NO
32 02		E. STREET AND NUMBER		
0.0		320LMSTE	D GREE	N
SEX 6. RACE 7. MARRIE	NEVER MARRIED		GE (In years If I	Jnder 1 Yr. If Under 24 Hr
M WIDOWE		2/26/1908	birthdoy) Mor	ins Doys Hours will.
A. USUAL OCCUPATION (Give kind of work 108, KIND			ountry) 12.	CITIZEN OF WHAT COUNTE
one during most of working life, even if retired)				1160
HYSICAN		New YORK		U.S.a.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
YRRALL		DNINE		
. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	HNNIE		ADDRESS
es, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	THE STATE OF THE S		C
The Wall car		MRS LEONA	POLLACK	SAME
18 1.5 7. 7	CAUSE OF DEAT	u		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	CARCIN	OMA OF THE	PANYCREAS	BETWEEN ONSET AND DEA
LEADING TO DEATH	A DIMEDIATE CAL	A CONSEQUENCE OF:	ITAIEI	8 MONTH
(This does not meen the mode of dying, e.g	DUE TO, OR AS	A CONSEQUENCE OF:	77.709	
heart failure, asthenia, etc. It means the diseas injury or complication which caused death.)	e,			
ANTECEDENT CAUSES	(8)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the	3	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)			
11	, -,			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3	Λ/ -		
I TO THE DEATH BUT NOT RELATED TO THE TERMINA		Nme		
DISEASE OR CONDITION GIVEN IN PART ) (A).	WHICH OPERATION	20A. AUTOPSY? (Yeş or No) 20	B. IF YES, WERE FINDI	NGS CONSIDERED
JAN 1971 WAS PERFORMED CA	4 OF PANCKEDS	Man ) IN	CERTIFYING CAUSES	OF DEATH?
21A. ACCIDENT WAS UNDERLYING	1B. PLACE OF INJURY (e.g.,		, -	, give exoct location)
OR CONTRIBUTING CAUSE OF	ome, form, foctory, street, o	fice blag NJURY OCCUR?	in in polimere City	And avery lecoupul
DEATH (notify medical examiner)	tc.)			
OF IN HIP	E INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
≥ (ADDBOV)	Vhile At Not While			
V	Vork At Work		, , ,	
22. I certify that (I) (this haspital) attended				UP 19.7/
	31 JULY	19 71ond that is	(my) (our) apinion	death accurred on the d
that (1) (we) last saw the deceased alive on				
and the second s				
and haur and from the causes stated above.			23 R	DATE SIGNED
and haur and from the causes stated abave.  23A. SIGNATURE	(i) (We) (did) (did not)	riew the bady ofter death.		DATE SIGNED  ZANG 190
and haur and from the causes stated abave.  23A. SIGNATURE	(i) (We) (did) (did not)	onding Med. Shaff		2 AUG 1971
and haur and from the causes stated abave.  23A. SIGNATURE	(i) (We) (did) (did not)	onding Med. Shaff		2 AUG 1971
and haur and from the causes stated above.	(i) (We) (did) (did not)	onding Med. Shaff		2 AUG 1971
ond haur and from the causes stated abave.  23A. SIGNATURE  ONUMAN OFNICIA  23C. PHYSICIAN'S NAME (Type) A BRAHAM GE	(i) (We) (did) (did not) (Me) (Me) (did not) (Me) (Me) (Me) (Me) (Me) (Me) (Me) (Me	onding Med. Shaff		2 AUG 1971
ond haur and from the causes stated abave.  23A. SIGNATURE  ONCLOSE  23C. PHYSICIAN'S NAME (Type)  A BRAHAM GE	(i) (We) (did) (did not)	onding Med. Shaff		2 AUG 1971  ORE MD 212 0  wn, or county) (Stote)
and haur and from the causes stated abave.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  AREMOVAL (Specify)  24B. DATE  24C.  24C.	(i) (We) (did) (did not) (Me) (Me) (did not) (Me) (Me) (Me) (Me) (Me) (Me) (Me) (Me	onding Med. Shaff		2 AUG 1971  OR E MD 212 0  wn, or county) (Stote)
and haur and from the causes stated abave.  23A. SIGNATURE  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  ABRAHAM  CALL  BURIAL CREMATION REMOVAL (Specify)  24B. DATE REMOVAL (Specify)  25A. DATE REC'D BY HEALTH DERT.  25B. NAME	O DEGREE Phy  DEGR	ending Med. Short Phys 23D. ADDRESS  EMATORY  24D. LOCA  25C. FUNERAL DIRECTOR	RK AVE BATIM TION (City, to	2 AUG 1971  ORE MD 212 0  wn, or county) (Stote)
and haur and from the causes stated abave.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  ABURIAL CREMATION REMOVAL (Specify)  24A. BURIAL CREMATION REMOVAL (Specify)  24B. DATE 24C.	O DEGREE Phy  DEGR	ending Med. Short Phys 23D. ADDRESS  EMATORY  24D. LOCA  25C. FUNERAL DIRECTOR		DATE SIGNED  2 ACC 1971  OKE MD 2120  wn, or county) (Stote)  ADDRESS  O RESLESSIONER
and haur and from the causes stated abave.  23A. SIGNATURE  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A BRAHAM GE  24A. BURIAL CREMATION 24B. DATE REMOVAL (Specify)  25A. DATE REC'D BY HEALTH DERT.   25B. NAME	O DEGREE Phy  DEGR	ending Med. Short Phys 23D. ADDRESS  EMATORY  24D. LOCA  25C. FUNERAL DIRECTOR	RK AVE BATIM TION (City, to	Z AUG 197  OK E MD 212 Country) (Stote)



1	( 2 mm	12.6		BALTIMORE	CITY HEALTH	H DEPARTMENT		174	ומסמיי
RIG	TH NO.	71 7	294	CERTIFIC	CATE C	F DEATH	REG. NO	). <u> </u>	7294
1. N	AME OF DECE						AND HOUR OF DE	ATH	
Ту	e or Printl	VATENOS.	JOHN.					1071	1 2 4 5 0
3.	PLACE IN BALT	IMORE MARYLAND,	WHERE PRONOU	NCED DEAD	4. USU	AL RESIDENCE IV	UST 02 There deceased lived	. It institution:	residence befare admissi
En	II MALAR OF	45 1107 111 110 110			A. SIAI	F R CO	UNTY	project v	400
HO	LL NAME OF	ADDRESS OR LO	CATION)	TION, GIVE STREET		ARYDAND ORTOWN		thicker Com	
HA S	MOITUTION	ST . AGNES	LICCLIT	Λ 1			D.	INSIDE CITY	
	+0				E. STRE	ET AND NUMBER		YES L	у но 🗌
	,	CATON &	WILKENS	AVENUE	11		6TH STREE	ET 212	<b>V</b> 18
5. \$	EX	6. RACE		AND 21220 VNEVER MARRIED		OF BIRTH			
A	1A LE	MULTE	TT.	7)			9. AGE (In years lost birthday)	Month	der 1 Yı. II Under 24 H ısi Doys Haurs Min.
		WHITE PATION (Give kind of wo	WIDOWED			12 08	62		
done	during most of w	orking life, even it retired	I I I I I I I I I I I I I I I I I I I	SUSTRESS OF INDU	iki ji, sikii	HPLACE (State or f	oreign countryl	12, CI	TIZEN OF WHAT COUNT
	ELF EM		RESTA	URANT	GF	REECE			11.S.A.
13. [	ATHER'S NAM	38			14. MOT	HER'S MAIDEN N	IAME		Uenelle
	MICHA	EL VATENOS			DI	IANNE (	Papadakes	λ	
15.		ever in U. S. Armed Follif yes, give wor or do		6. SOCIAL	17. INFO		apadakes	Y	ADDRESS
(Yes	No or unknown)	If yes, give wor or do	les of servicel	298-10-849		W	LKENS AVE	NUE 2	1229
	110			290910-049	ST.	AGNES	HOSPITAL	RECORE	OS CATON &
	18. 4-4	1,7L		CAUSE OF D	ATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ļ		OR CONDITION D			11				BETWEEN ONSET AND DEA
		EADING TO DEATH	•	(A) IMMEDIATE	CAUSE H	1povolen	11C S4.	5010	IHE
	heart failure, a	t mean the mode of sthenia, etc., It mean	s the disease.	DUE TO, OR	AS A CONSEC	PUENCE OF:			
	injury or camp	lication which cause	d death.)						
	A	NTECEDENT CAUSE	S	infuntu	nen t	PORTICE	Acres 641	an a	5 HRS
J	DISEASES OF	CONDITIONS, if	any, giving	DUE TO, OI	AS A CONSE	QUENCE OF:	ANEURYS		
	rise to the	above cause (A)	stating the	1. 1. E. +		ATHER	OSCLEROS	4.0	CHRONIL
- 1	ONDERLING	CONDITION last,		(C) CENTE	14/12-6	2 // // /	SCLERSS	2	C4X3V/C
NO	OTHER SIGNISM		A LEDIBILITING						
EI	TO THE DEATH	BUT NOT RELATED TO	THE TERMINAL		NON	18			
91	19A. DATE OF C	NDITION GIVEN IN PA		IICH OPERATION	120A /	AUTOPSYT (Yes or	Nell 208 IS MES IN		
4	2 AVENST	WAS PE	RFORMED		YE		IN CERTIFYING		S CONSIDERED
8	21A. ACCIDENT	WAS UNDERLYING	TURED HA	LACE OF INJUST (			755		Ive exect fecation)
CAL	OR CONTRIBUT	ING CAUSE OF	home,	form, foctory, street	office bldg.,	INJURY OCCUR	(it in both	ilmore City, gi	ive exect locotion;
91		All the second							
AEDI	21 D. TIME (	Month) (Doy) (Year		NJURY OCCURRED		21F. HOW DID (	NJURY OCCUR?		
<	(APPROX)	- Annual Property and Property	While Work	AI D ROIL	Vhile		n n		
	22. I certify t	hat XIX (this hospita	1) attended the		AUGU	ST 02	_19_7_1_to_A	LICLICT	02 19 71
							-17 -4-1-18	ugus	ath occurred on the de
		and the deceds	ed blive dr			_/ond	that in (m)()/(our)	opinion dec	ath occurred on the do
	and hour and	from the couses sto	ted above. (A)	(Me) (q1q) (q4q/ve	X view the !	body after death	1.		
ľ	SA. SIGNATUR		1	-6.0	A 24 - 32 - 51	44=1	State of the state	238, DA	TE SIGNED
		/ (un	/	DEGREE	Attending Phys.	Med. Director	Shaff Phys.	2.	AUGUST, 17,
	NAME (Typ	id i	17	DIGREE	23D. ADDI	AGNES	HOSPITAL		
1		F. N. B	URT		WIL	KENS AN	CATONLA	VES.	
24A.	BURIAL CREM	ATION, 248, DATE	-	AE of CEMETERY of	CREMATORY	240	LOCATION	(City, town,	ar countyl
	Burial	ecify)	Gree	k Orthodox	0		Baltimor		or county) (3/0/el
26.1		8/5/7						o, ma	
ZDA.		THEALTH DEPT.	258 NAME OF	REGISTRAR	25C. F	UNERAL DIRECT	Ruole To-	D. 14.	ADDRESS
	AUG 4	13/1 Vale	BE Jak	MAG		O O	nuck, Inc.	Dalto,	• Md • 21214
5 1	50-REV. 1/1/68		1 1 1	47	6	A.a. v			

The Control of the Co 

IMPORTANT

FUNERAL DIRECTOR:

7-625 71 BIRTH NO.	MODE	TE OF DEATH	reg. No. 71	7295
1. NAME OF DECEASED (Type or Print)  John Joseph	Friesner		ist 2, 1971	10:30 A
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD  AL OR INSTITUTION, GIVE STREET  TION)	A. USUAL RESIDENCE (When A. STATE B. COUN Md. C. CITY OR TOWN Baltimore E. STREET AND NUMBER	D. INSIDE CIT YES	Y LIMITS?
5. SEX 6. RACE	7. MARRIED MEVER MARRIED	8. DATE OF BIRTH		nder 1 Yr. If Under 24 Hrs. hs; Days Hours Min.
Male White	WIDOWED DIVORCED	3/13/1892 11. BIRTHPLA CE (State or fore)	79	ITIZEN DE WHAT COUNTRY
done during most of warking life, even if rettred)  Ret   13. FATHER'S NAME	Pen & Pencil Repa	irs Md.		U.S.A.
Philip Friesne  15. Wos Deceosed Ever in U. S. Armed For	es? II 6. SOCIAL	Rosa Dorn		ADDRESS
Yes W.W. ]	of service) SECURITY NO.	A Mrs. Elizab	eth M. Fries	ner. Same as
DISEASE OR CONDITION DIR  LEADING TO DEATH  (This does not mean the made of heart failure, astheria, etc. It means injury or complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if caused is the above cause [A]  UNDERLYING CONDITION lost.	dying, e.g., the disease, death.]  (A) IMMEDIATE CAU DUE TO, OR AS INY, giving slating the  (C) TO THE STATE CAU AND THE TO, OR AS AS ASSETTING	A CONSEQUENCE OF:	Chillotes Objections	
WAS PERF	1 (A). OTHON FOR WHICH OPERATION DRIMED	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (nosily medical examine) 21D. TIME (Month) (Day) (Year) (APPROX.)	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, off etc.)  (Hour) 21E. INJURY OCCURRED  While At Work  At Work	21F. HOW DID INJU	(if in Boltimore City, s	give exact lacation)
22. I certify that (I) (this haspital) that (I) (we) last saw the decease and how and from the causes state 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	ottended the deceased fram alive an ad oboye. (I) (We) (did) (did not) vi	and the lew the body after deoth.  Med. Director   F		anth occurred on the date
REMOVAL (Specify) 248. DATE	Mintzer  24C. NAME of CEMETERY OF CREE	3009 Evergr	cation (City, town,	to Md. (State)
Burial 8/4/71	Holy Reddemer	25C. FUNERAL DIRECTOR	ltimore, Md.	o.Md.21214

. . . . . Mistrust er ord in a precipal

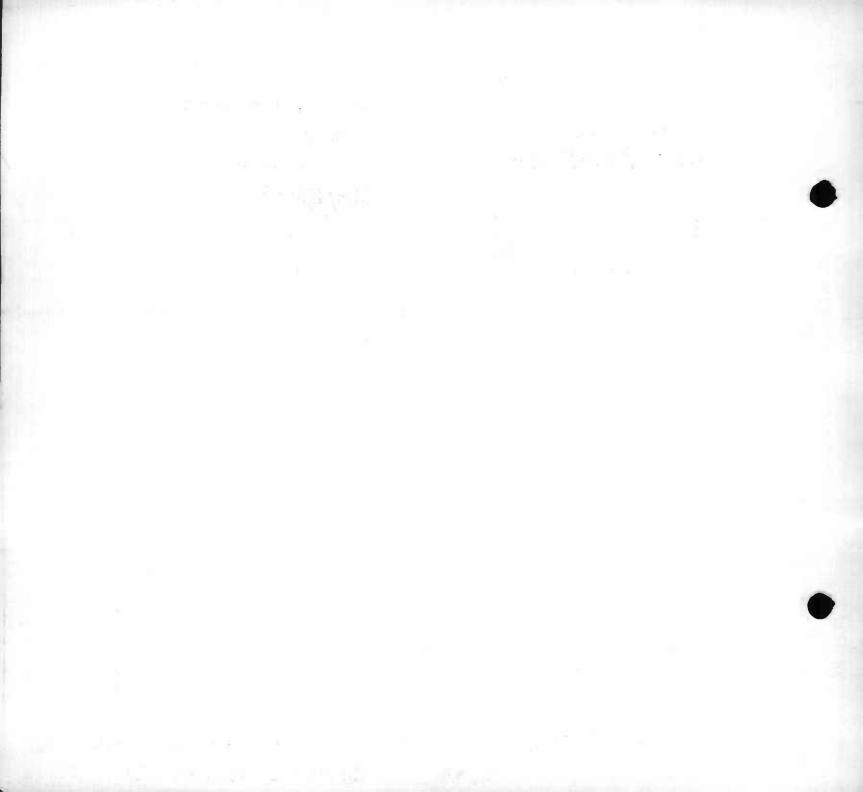
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IMPORTAN

DIRECTOR:

FUNERAL

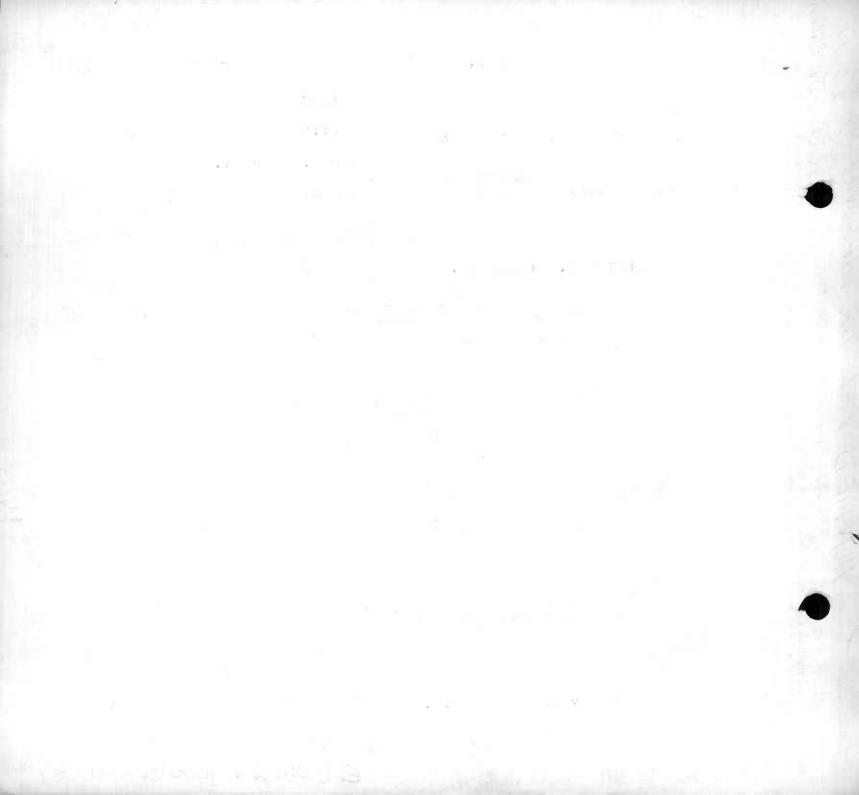
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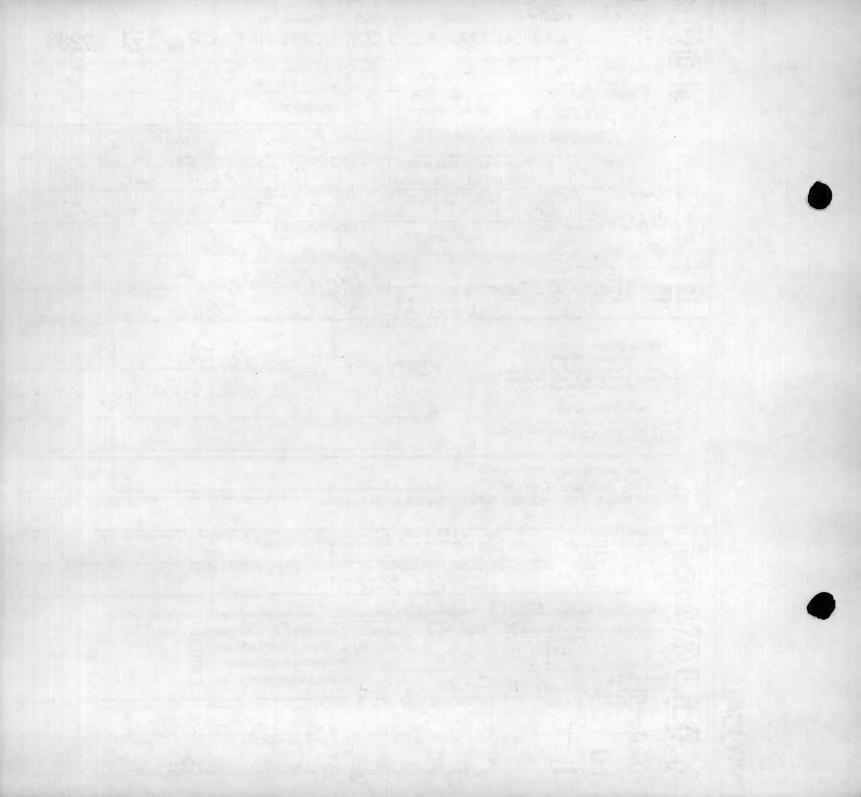


(Type or Print)			2. DATE AND HOUR OF D	ATH
	John Edw	vards (Thaddeus)	8-1-71	11:\$30 p. M
3. PLACE IN I	ALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived	If institution; residence before admission)
FULL NAME (	OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY  C. CITY OR TOWN	5300
NOTITUTION"	Provident Hos		11	INSIDE CITY LIMITS?
27		Heights Avenue	Baltimore	YES & NO
- 1	Baltimore, Ma			
S. SEX	6. RACE	7- MARRIED NEVER MARRIED	113 Barberry Cour	T if the second second
Male	Negro	WIDOWED DIVORCED K	8 11 00	Months Doys Hours Min.
OA, USUAL OC	CUPATION (Give kind of work ol working lite, even if retired)	108 KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or loreign country)	12. CITIZEN OF WHAT COUNTRY
		Crane Operator	North Carolina	II S A
3. FATHER'S N		~	14. MOTHER'S MAIDEN NAME	U. S. A.
John	T. Edwards		Lillie Edwards	
		ces?  1 6. SOCIAL	17. INFORMANT	
Yes, no or unkno	ed Ever in U. S. Armed Fore wn) (If yes, give wor or dote		W. INFORMANT	ADDRESS
1B. / S		087-12-7715 CAUSE OF DEA	Mrs. Carolyn Wade ( Day	ighter) 129 Oak Stree
heal lailur injury ar c	not mean the mode of e, asthenio, etc. It means omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) NG CONDITION lost.	the disease, deoth.)  (B)  DUE TO, OR AS	carcinoria of Colon s a consequence of:	10-11 mos.
TO THE DE DISEASE OR 19A. DATE (19A. DATE (19A. DATE (19A. DATE (19A. DEATH (not)))	WAS PERFORMAN WAS UNDERLYING DENT WAS UNDERLYING DENT OF MEDICAL SECTION OF MEDICAL SECTI	IE TERMINAL 1 (A).  DITION FOR WHICH OPERATION  ORMED  21 B. PLACE OF INJURY (e.g., home, form, foctory, street, o	YES in or obout 21 C, WHERE DID lifice bldg., INJURY OCCUR?  (If In Bol	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  VES  ilmore City, give exact location)
10 IHE DE DISEASE OR 19A. DATE (19A. DATE (1	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART DE OPERATION 198. CONE WAS PERFORM OF THE CONTROL OF THE CON	E TERMINAL	TYES  In or obout 21 C, WHERE DID (If In Bol blice bldg, INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?	ES illinore City, give exect locotion)
21A. A CCID OR CONTRI DEATH (not DISEASE OR 19A. DATE (1) OR CONTRI DEATH (not DEATH (not DEATH (APPROX.)  22. I certif that (I) (we	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 198. CONE WAS PERFIELD CAUSE OF IT MEDICAL CONTROL (Month) (Doy) (Year)  Ty that (I) (this hospital)  a) last saw the deceased	TERMINAL	TES  In or obout 21 C, WHERE DID (if in Bol lifice bidg., INJURY OCCUR?)  21F. HOW DID INJURY OCCUR?  10  17-17-71  19  and that in (my) (aur)	WES  illimore City, give exect location)  8-1-71  19
21A. ACCID OR CONTRI DEATH (not DISEASE OR 19A. DATE (1) 21A. ACCID OR CONTRI DEATH (not	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 198. CONE WAS PERFIELD CAUSE OF If medical examines (Month) (Doy) (Year)  Ty that (I) (this hospital) is last saw the deceased and fram the causes state	ETERMINAL	TES  In or obout 21 C, WHERE DID (if in Bol lifice bidg., INJURY OCCUR?)  21F. HOW DID INJURY OCCUR?  10  17-17-71  19  and that in (my) (aur)	WES illimore City, give exect location)
10 IHE DE DISEASE OR 19A. DATE (19A. DATE (1	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 198. CONDITION 19	LE TERMINAL	THE STATE OF	WES illimore City, give exect location)
21A. ACCID OR CONTRI DEATH (not DISEASE OR 19A. DATE (1) 21A. ACCID OR CONTRI DEATH (not	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 198. CONDITION 19	LE TERMINAL   1 (A).   DITION FOR WHICH OPERATION	yES  in or obout 21 C, WHERE DID (if in Bol liniury OCCUR?  21 F, HOW DID INJURY OCCUR?  10 19 ta 19 t	8-1-71 apinian death accurred an the date

(1-1-1-1)

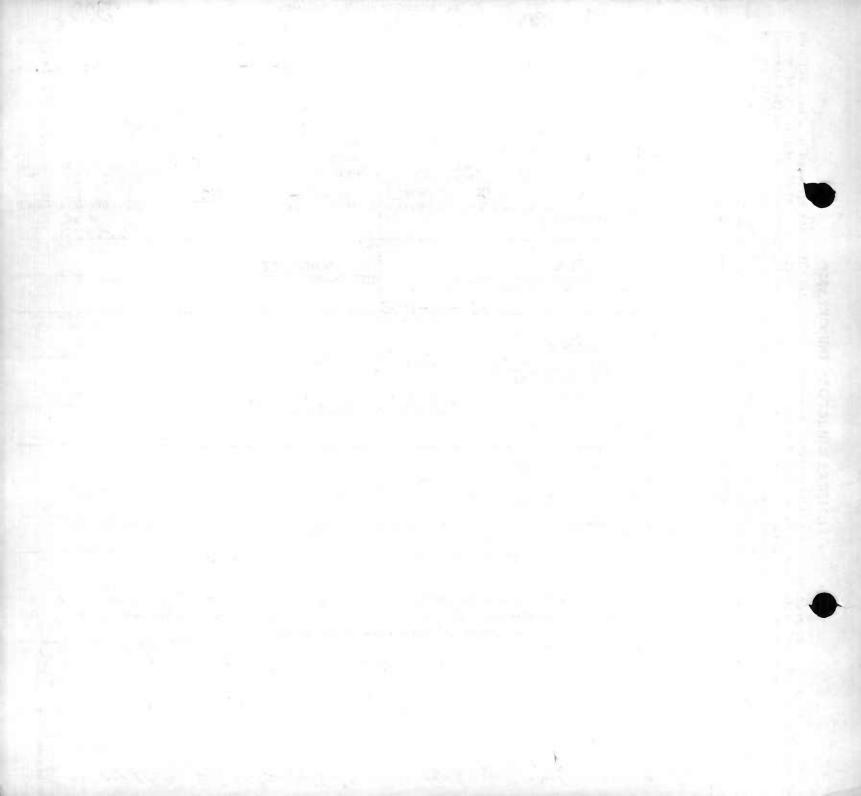
	BIRTH NO.  1. NAME OF DECEASED  (Type or Print)  RICKES JR., CLIFTON  REG. NO.  2. DATE AND HOUR OF DEA  (Type or Print)	<b>Д</b> Н
-	RICKES JR., CLIFTON	1 3:15 P
3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. I	f institution; residence before admis-
ŀ	FULL NAME OF THE NOT IN HOSPITAL OF INSTITUTION CITY STATES THE RYLAND	1002
í	INSTITUTION D. II	NSIDE CITY LIMITS?
L	THE JOHNS HOPKINS HOSPITAL BALTIMORE	YES 📉 NO 🗌
	E. STREET AND NUMBER	
5.	5. SEX 6. RACE 17. MARRIED VIANTES MARRIED VIA	
	MALE NECED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years lost high doublest high d	Months Doys Hours Mi
16	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country)	7 Months Boys Hours
de	done during most of working life, even il refired	12. CITIZEN OF WHAT COUN
1	13. FATHER'S NAME	USA
1"	MOTHER'S MAIDEN NAME	
	CLIFTON B. RICKES SR. HELEN Suckato	V
15	15. Was Deceased Ever in U. S. Armed Forces?  Wes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL  SECURITY NO.	ADDRESS
K		On. Edgu St
Γ	18. 0 6 5 XII CAUSE OF DEATH	APPROXIMATE INTERV
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SETWEEN ONSET AND D
	(This does not meen the mode of dying, e.g., heart failure, ashenia, etc. It means the disease.	Immediate
ı		
ı	injury or complication which caused death,)  ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving DUE TO, DR AS A CONSEQUENCE OF:	
	UNDERLYING CONDITION lost. (c) VITAL Encephalitis	
z	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
E	E LO THE DEATH BUT NOT RELATED TO THE TERMINAL	
CIC	DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE IN CEPTERING.	E FINDINGS CONSIDERED
- 464	IN CERTIFING C	CAUSES OF DEATH?
ERTH	U 121A, ACCIDENT WAS INDERLYING TO 121R PLACE OF INVIION (a	nare City, give exoct location)
	OR CONTENTING CALLER OF	and anyl dies even incomoni
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street office bldg., INJURY OCCUR?	and any give exect totalion,
CAL	OR CONTRIBUTING CAUSE OF home, form, loctory, street, office bldg. INJURY OCCUR?  DEATH (notify medical examiner)  DEATH (notify medical examiner)  OR CONTRIBUTING CAUSE OF home, form, loctory, street, office bldg. INJURY OCCUR?	and any give exact location;
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	are any, give executation,
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street office bldg, INJURY OCCUR?  DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Year) (Houd 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR?  While AI Not While	
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg, INJURY OCCUR?    Contribution   Cause of home, form, foctory, street, office bldg, INJURY OCCUR?	29 1971
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street office bldg., INJURY OCCUR?    Contribution of the property of the proper	29 1971
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street office bldg, INJURY OCCUR?    Contribution of the course of t	pinion death occurred on the
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg, INJURY OCCUR?    Contribution of the course of	pinion death occurred on the
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED While AI Work At Work  22. I certify that (i) (this hospital) attended the deceased from 19 1 to 1 that (ii) (we) last sow the deceased alive on 3 15 and 7 29 19 7 and that in (my) (aur) a and haur and from the causes stated above. (i) (We) (did) (did not) view the body after death.  23A. SIGNATURE  Attending Med. Staff  Attending Med. Director Phys.	pinion death occurred on the
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) (Doy) (Year) (Houd 21E. INJURY OCCURRED While AI Work At Work  22. I certify that (i) (this hospital) attended the deceased fram 19 1 to 14 that (i) (we) last sow the deceased alive on 3 15 pm 7 29 19 7 and that in (my) (aur) a and haur and from the causes stated above. (i) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS    Attending   Med.   Shaff Phys.   Degree   Phys.   Phys.   Degree   Phys	pinion death occurred on the o
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (Year) (Houd 21E. INJURY OCCURRED While AI Work At Work  At Work 1	pinion death occurred on the o
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) (Doy) (Year) (Houd 21E. INJURY OCCURRED While AI Work At Work  22. i certify that (i) (this hospital) attended the deceased fram 19 1 to 14 that (i) (we) last sow the deceased alive on 3 (15 pm. 7 29 19 7 and that in (my) (aur) a and haur and from the causes stated above. (i) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  BARRY COOPER M.D. DEGREE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (REMOVAL (Specify))	pinion death occurred on the  238, DAJE SIGNED  July 29, 1991
WEDICAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg, INJURY OCCUR?    Contribution   Cause of home, form, foctory, street, office bldg, INJURY OCCUR?   Contribution   Cause of home, form, foctory, street, office bldg, INJURY OCCUR?   Contribution   Cause of Houd   Cause of Houd   Cause of Houd   Cause of House o	pinion death occurred on the  238, DAJE SIGNED  July 29, 1991  OSPITAL





ical examiner. Also, it the direct of contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	th); and (6) No physician was in regular attendance on the deceased prior to death. Such	nains are embalmed or final disposition is made.	
the body was released to the hospital by a medical ex	shows: (1) An accident of any nature; (2) Body burns; (3)	was D.O.A. at a hospital (except where the physician	deceased prior to death); and (6) No physician was in	written approval must be obtained before the remains are embalmed or final disposition is made.	

1	) / 17/4 19/00	BALTIMORE CITY	HEALTH DEPARTMENT		71 27277
U	1-425-11 7300	CERTIFICA	TE OF DEATH	REG. NO	1200
	NO.			HOUR OF DEATH	
	* Print ARTHUR WIL	CON			
3 PI	ACE IN BALTIMORE MARYLAND, WHERE PI		07-31		institution tesidence before admission
			A. STATE B. COUNT	Υ	1000
HOS	NAME OF IF NOT IN HOSPITAL OR I ADDRESS OR LOCATIONI		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	THE JOHNS HOPKINS	HOCDITAL	BALTIMORE		YES NO
-5			E. STREET AND NUMBER		
	BALTIMORE, MD 212	05	1135 MC ALE	FR COURT	Г
. SE	X 6- RACE 7- MAR	RIED NEVER MARRIED		AGE (in years ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
1		WED DIVORCED	03-15-00	71	With Days Hours With
OA. I	ISUAL OCCUPATION (Give kind of work 108, KIN			n country!	12. CITIZEN OF WHAT COUNTE
one	during most of working life, even if settred)				Mr.S.A.
3. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	3	
	DORSEY WILSON		MARGARET	HODE	
5. W		I & SOCIAL	17 INFORMANT	HUFE.	ADDRESS
Yes,	es Deceased Ever le U.S. Armed Forces? no or unknown) (If yos, give war at dates af ser	vicel SECURITY NO.			
	no	217-07-7973			
1	8./62./1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY		Doningt	an Dist	Tross II I
	LEADING TO DEATH	(A) IMMEDIATE CAU	se Respirat	ory pisi	egs 4 days
	This does not mean the mode of dying,	DUE TO, OR AS			
	heart failure, asthenia, etc. It means the dis injury or complication which caused death.)			, ,	
	ANTECEDENT CAUSES	Vicenn	nated Oat Cell (	Chause of	the line 6 months
		(B) 2/338///	ricied our cell	ucinoma g	Truming ordonal
	DISEASES OR CONDITIONS, if any, gise to the above cause (A) staling		A CONSEQUENCE OF:	U	U
	UNDERLYING CONDITION last	(c)			
$\vdash$	11				
Z C	THER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
EI	O THE DEATH BUT NOT RELATED TO THE TERM				
기	PASEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OFERATION	[20A. AUTOPSY? (Yes at Na)	208. IF YES, WER	E FINDINGS CONSIDERED
ERTIFIC	WAS PERPORMED		110	IN CERTIFYING C	AUSES OF DEATH?
5 2	A ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY IS OF	,,,,,	(If In Baltim	ore City, give exoct location)
7 9	TA. ACCIDENT WAS UNDERLYING DECONTRIBUTING CAUSE OF DEATH Instify medical examined	home, form, foctory, street, of	fice bldg. INJURY OCCUR?		
u.					
	ID-TIME (Month) (Day) (Year) (Hous) OF INJURY		21F. HOW DID INJU	RY OCCUR?	
2	APPROX.)	While At Not While Al Wark			1
-	2. I certify that (i) (this hospital) atten			2/10 7	/3( 19.7/
		1121			
- 1	hat (I) (we) last saw the deceased alive	- 1-		t in(my) (aut) a	pinion death accurred on the do
C	and hour and from the causes stated abo	ve. (1) (We) (did) (did not) v	lew the body after death.		
2	3A. SIGNATURE	/			23B. DATE SIGNED
	VII COLL	/ - // / /   06	inding Med. Director	Stoff X	7/3//1/
5	3C-PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	пув.	142/11
ľ	3C.PHYSICIAN'S NAME (Type)				
	JA. GE	LFAND, M. DOEGREE	THE JOHNS HO	PKINS HO	SPITAL
24A.		4C. NAME OF CEMETERY OF CRI	MATORY 24D, LO	CATION	City, town or cauntyl 15tatel
,	REMOVAL (Specify)	not /h. L.	nut 1	Broth	my
258	DATE REC'D BY HEALTH DEPT. 125B. N.	AME OF REGISTRAR	25C, DUNERAL DIRECTOR	racio	ADDRESS
e J A e			South Director	1m 12.	17-1
	AUG 4 1971 Pale # E	Raben MD 1	Lullon	000 100	mily pe
VS I	50-REV. 1/1/68		1 4 6 1 1		



25C. FUNERAL DIRECTO

FUNERAL

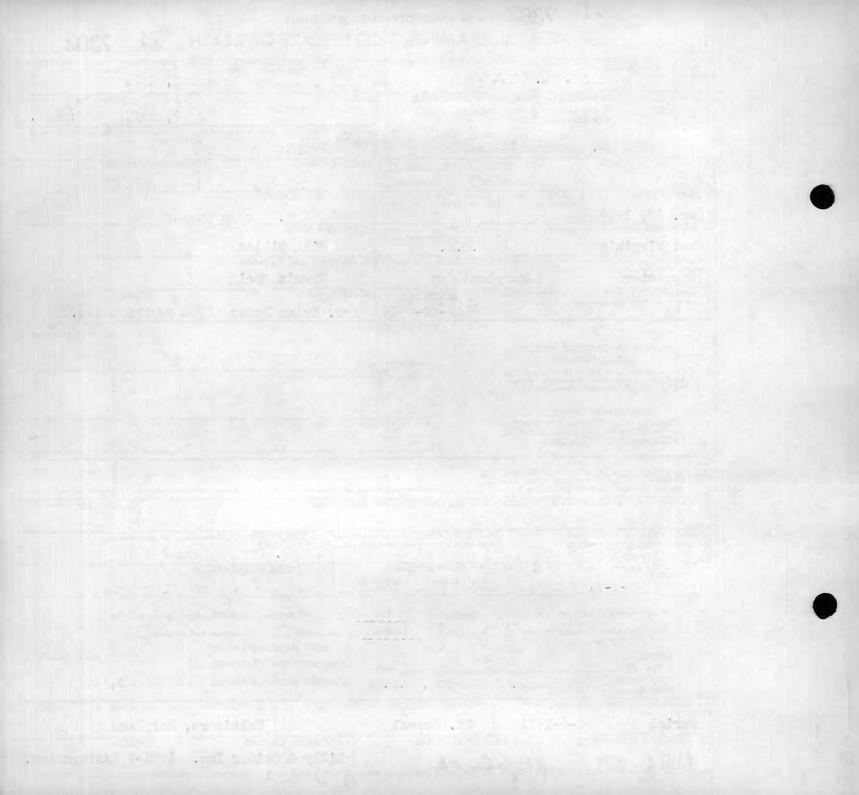
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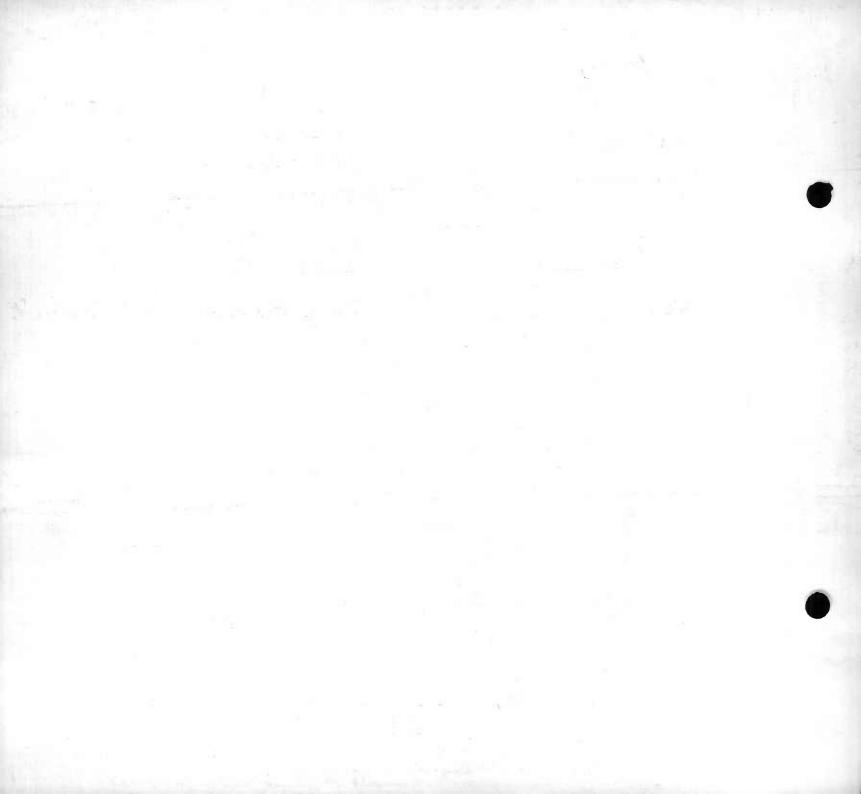
NO [

If Under 24 Hrs.

1 - 11 - 10 - 11

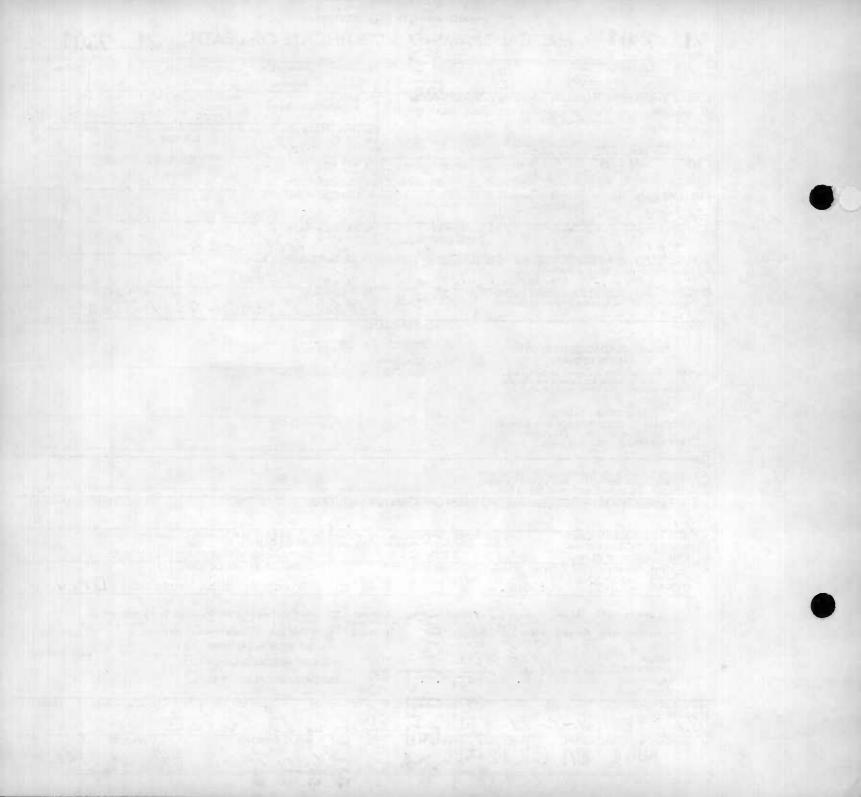
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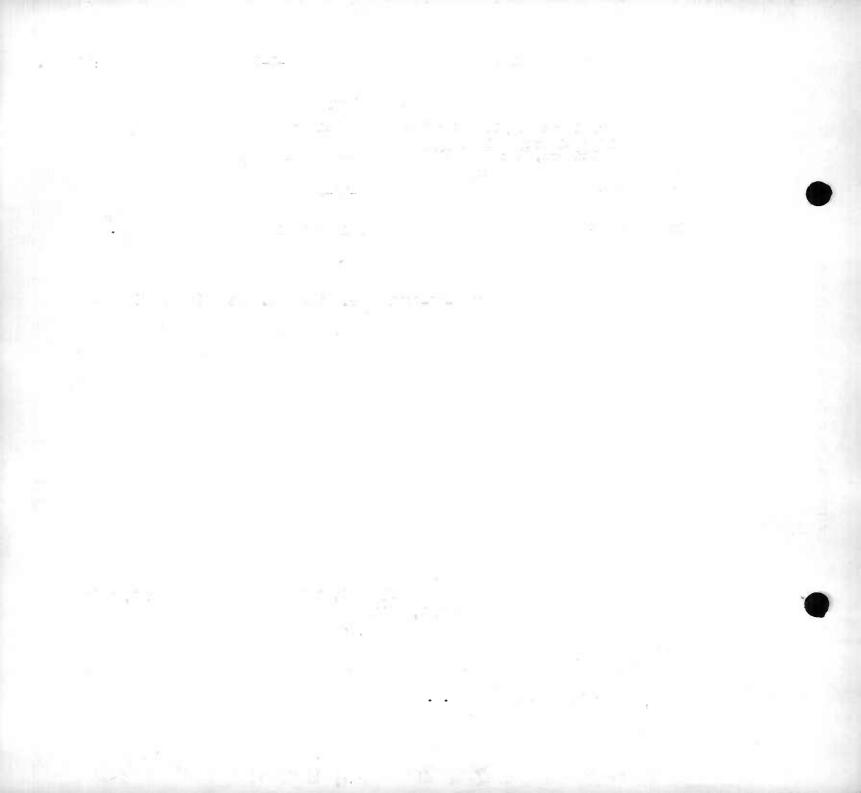


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١.		4				BALTIMORE CITY HE							
BIF	71 7; RTH NO.	304	MED	ICAI	. EX	(AMINER'S C	CERTIF	ICATE	OF	DEAT	H REG. NO.	1 7	304
1. (Ty	NAME OF DE	CEASED WILLI	AM CH	AMBER	LS		2. DATE OF DEATH	Knowr Estimo	ted 🔲	Month	Doy	Yeor	Hour M.
4.	PLACE IN BA	HIMORE, MA	RYLAND, W	HERE P	RONO	UNCED DEAD	3. DATE			Month	Doy	Yeor	Hour
HO	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	TITUTIC	ON, GIVE STREET		DUNCED D	- 1		t 2, 19		5:30 A.M.
	3.0	ERSITY	HOSPITA	AL			A, STATE		land		B. COUNTY	i, residence	>
6.	SEX	7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY C	RTOWN			D. INSIDE C	TY LIMITS?	
	Male	Neg	ro	WIDON	VED [	DIVORCED	Ba1	timore			Y	ES 🔯	NO 🗆
9. 1	DATE OF BIRT	H	10. AGE (In	yeors	If Un	der I Yr. II Under 24 Hrs. hs Doys Hours Min.		AND NU					
-	100	- 01 T	i i i i i i i i i i i i i i i i i i i	47	12 6	i i i		Milto R'S NAME		enue			
	BIRTHPLACE(	d.			20	THAT COUNTER	2	fun	it	Ch	amle	ela	)
14A	USUAL OCCU	JPATION (GIV	e kind of work	148. KIN	OF B	SUSINESS OR INDUSTR	15. MOTH	ER'S MAID	EN NA	ME			
2	Resemble	LLL	Co	nku	ر کام	lung Co.	Le	con	ela	0 6	Rele	n	
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL SECURITY NO.	18. INFO	RMANT	2		A	DDRESS	. 0
(Te	s, no or unknown	illit her' Bine	wor or dotes	Of SGLAICE	"	SECURIT NO.	lee	sic C	with	and -	2624	Leine	Alm Uur
	19.	70.	^			CAUSE OF DEA	TH						PPROXIMATE INTERVAL
	DISTA		MON DIRE	P91 \2		Multip	le Ini	uries				00,	TELL OF OLL ALLO DEAL
	DISEAS	SE OR COND LEADING TO		CILI		and the second second							
	(This does	not meon the	mode of dy	ing, e.g.,		(A) IMMEDIATE O		QUENCE O	Fi				
	injury or co	e, osthenio, éto mplication whi	ch coused dec	disease,									
		1 177 Oct 54 17											
		OR CONDITI		. GIVING		(8) DUE TO, OR	AS A CONS	EQUENCE	OF:				
	RISE TO TH	OR CONDITION OF CAME ABOVE CAME	USE (A) STAT	TING THE									
Z	OIADEVELL	NO CONDI	IOIT LAJI.			(c)							
CERTIFICATION	OTHER SIGN	NIFICANT CO	T RELATED TO	THE TERM	MINAL								
世	DISEASE O	RCONDITION				AND	AC DEREOF	MED				ION ALITO	OPSY? (Yes or No)
18	ZUA. DAIE U	F OPERATIO	N 208. COI	ADIIION	FOR	WHICH OPERATION W	AS PERFOR	MED				ZI. AUIC	
بِ۔	1				lana a					fit - n tu			yes
EDICA	UNDERLYING C		ITRIB-		home	LACE OF INJURY (e.g., form, foctory, street, office Street	in or obout the bldg., etc.)	INJURY O	CCUR?		nard St		210:
Σ	OF INJURY	(Month) (	Doy) (Year	r) (Hou		EINJURY OCCURRED	9)	22F. HOW	V DID IN	JURY OCC	UR?		*
	(APPROX.)	7-30-71	2:	30 P.			WHILE X	Subje	ect i	n auto	accide	nt = [	driver)
	1 cer	tify that I i	reld an I	nquiry		Inspection Au	topsy 3	and t	hat on t	his basis,	death in my	opinion	
	resu	Ited from: 1	Natural car	ses 🗍	A	ccident X Suici	ie 🗌	Homicide		Undetermi	ned manner		
			1	1.	_	0		CHIEF M	EDICAL I	EXAMINER	$\overline{\mathbf{x}}$		
	ACTUA		111	7-	ul	ren	AS	SISTANT M	EDICAL I	EXAMINER			DATE SIGNED
	SIGNA	D	ussell	S. 1	rish	er,M.D.		OCIATE M	EDICAL I	YAMINED		8/2	/71
1	NAME		COBOLL			,	, , , , , , , , , , , , , , , , , , ,	OCIAIL III	EDICAL	-MANITURE N		-,-	
	A BURIAL CRE	EMATION,	24B. DATE	71	24	C. NAME of CEMETERY	or CREMA	TORY	24D.	LOCATION	(City, tow	n, or county	(Stote)
12.	Jelro-6		0 - 6-	//		-comes/	16441	arl	٠ (	LU	reles	6	, no.
25		IG 4			E.	Taber M.D.	250	LLE LLE	DIRECT	Then	es ( Il)	ODRESS	9 May his
VS	151-REV. 1/1/6	68	MO	19	3		6	3	, ,				



BIRTH NO.	7305			TE OF DEATH	REG. NO.	71 7305
1. NAME OF D	Florence	Motlev		2. DATE A	ND HOUR OF DEAT	11 / 6
3. PLACE IN I	ALTIMORE MARYLAND,		UNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admission)
FULL NAME ( HOSPITAL OR INSTITUTION	OF (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Maryland		NSIDE CITY LIMITS?
39			al Complex ghts and 21215	Baltimore E. STREET AND NUMBER		YES 🛣 NO 🗌
5. SEX				1936 Penrose	Avenue	
Female	6. RACE Black	WIDOWED		6-26-05	9. AGE (In years last birthdoy)	Months Doys Hours Min.
done during most	CUPATION (Give kind of word of working life, even if refired)  Beth Steel	LIOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lor Philadelphia	eign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	AME			14. MOTHER'S MAIDEN NA	ME	0011
Are	thur			Viola		
Yes, no or unkno	ed Ever in U. S. Armed Fo wn) (If yes, give wor ar dot	es of service)	16. SOCIAL SECURITY NO. 198-05-6012	Mr. Alfred D.	Motely(Hus	band) Same
DISEASES rise to UNDERLY	nat mean the mode of a stheria, alc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) NG CONDITION last.	the disease, death.) any, giving stating the	(B) DUE TO, OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:	1 Colon	/ YEAR
IO THE DE	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION [198. CON	HE TERMINAL IT 1 (A). IDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE	WAS PER			No	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEBUTING CAUSE OF CAUSE OF	21 B. ham eic.)	e, torm, toctory, streat, oil	or obout 21 C. WHERE DID INJURY OCCUR?	(II in Baltime	ore City, give exact location)
21 D. TIME OF INJURY (APPROX)	(Month) (Doy) (Year)		INJURY OCCURRED  le Ai	21F. HOW DID IN.	IURY OCCUR?	
thot (I) (w	y that (1) (this hospital	d olive an	August 2, 197	L19and ti	nat In (my) (our) ap	ust 2, 1971 19
23A. SIGNA 23C. PHYSIC NAME	roch & T	amsey	MID DEGREE Phys.	ding Med. Director  3D. ADDRESS	Staff Phys.	23B. DATE SIGNED 8/3/7/
	REMATION, 248, DATE (Specily)  D BY HEALTH DEPT.	24C, NA	GEGREE LANGE OF CEMETERY OF CREATERY  FREGISTRAR	The state of the s	laware G	City, town, or county) (State)
/S 150-REV. 1/		abert E.	Tables, M.D.	Kelson FoH.	11348 N.	Chilbon ST.



BALTIMORE CITY HEALTH DEPARTMENT

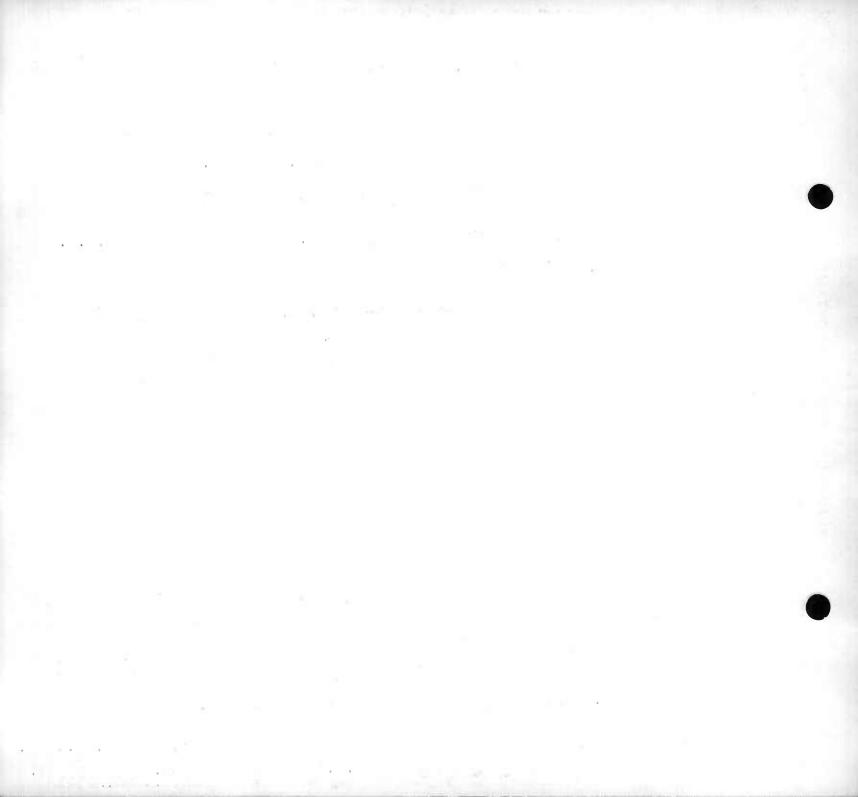
ype or Print)	2. DATE Known Month Day	Yeor Hour		
JOSEPH A. GREEN	OF DEATH Estimoted	A		
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD Accord 2 10.71	Year Hour		
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OOSPITAL OR INSTITUTION OF STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD August 2, 1971 17:45 A.  S. USUAL RESIDENCE (Where deceased lived, if Institution; residence before admission)			
312 S. Mt. Olivet Avenue	A. STATE Maryland B. COUNTY	residence before damission)		
SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?		
Male Negro WIDOWED DIVORCED		NO [		
DATE OF BIRTH  10-27-39  10.AGE (In years   Wonder 1 Yr. II Under 24 Hrs.   Months, Days   Hours   Min.	8. STREET AND NUMBER 312 S. Mt. Olivet Avenue	ane)		
BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?	Wm. Green			
A.USUAL OCCUPATION (Give kind of work) 48. KIND OF BUSINESS OR INDUSTRY				
meduring most of working life, even if retired)	Lillian Campbell			
was Deceased Ever IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.		DRESS		
no 219-26-7555	Lillian reen same			
19. CAUSE OF DEAT		APPROXIMATE INTERVA		
DISTRICT ON GOTTOTTOTT DIRECTED	y cirrhosis of liver			
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A)IMMEDIATE C.  DUE TO. OP A	AUSE			
heart failure, osthenia, etc. It meons the disease, injury or complication which coused dooth.)	AS A CONSEQUENCE OF:			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (8)  DUE TO, OR	AS A CONSEQUENCE OF:			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
(c)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA		107774		
DISEASE OR CONDITION GIVEN IN PART 1 (A)				
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)		
	In or should 22C WHERE DID /// In Religions City of the second	yes		
UNDERLYING OR CONTRIB. home, farm, factory, street, office	In or about 22C. WHERE DID (If In Baltimore City, give exact bidg., etc.) INJURY OCCUR?	location)		
d UTING ☐ CAUSE OF DEATH.				
22D. TIME (Month) (Dov) (Year) (Hour) 22E INJURY OCCURRED	122F. HOW DID INJURY OCCUR?			
22D. TIME (Month) (Doy) (Year) (Hour) 22E.JNJURY OCCURRED OF INJURY (APPROX )	WHILE			
22D. TIME (Month) (Doy) (Year) (Hour) 22E.JNJURY OCCURRED WHILE AT NOT AT W	WHILE ORK			
22D. TIME (Month) (Doy) (Year) (Hour) 22E.JNJURY OCCURRED WHILE AT NOT AT W	WHILE	pinion		
22D. TIME (Month) (Doy) (Year) (Hour) 22E.JNJURY OCCURRED WHILE AT NOT AT W	tapsy and that on this basis, death in my o			
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK AT W  23.    certify that I held an Inquiry Inspection Autorised Accident Suicid	tapsy and that on this basis, death in my of the Undetermined manner CHIEF MEDICAL EXAMINER			
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK NOT AT WORK AT WORK AT WORK Sulcide Accident Sulcide ACTUAL SIGNATURE Month (Hour) 22E.INJURY OCCURRED WHILE AT WORK AT WORK SIGNATURE Accident Sulcide ACTUAL SIGNATURE MAD.	while on this basis, death in my of the Original Chief Medical Examiner ASSISTANT MEDICAL EXAMINER	DATE SIGNED		
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK AT W  1 certify that I held an Inquiry Inspection Autresulted fram: Natural causes Accident Suicid  ACTUAL SIGNATURE EXAMINER'S RUSSell S. Fisher, M.D.	tapsy and that on this basis, death in my of the Undetermined manner CHIEF MEDICAL EXAMINER			
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK AT W  23.  1 certify that I held an Inquiry Inspection Autorisided fram: Natural causes Accident Suicid  ACTUAL SIGNATURE EXAMINER'S RUSSell S. Fisher, M.D.  NAME (Type)  44. BURIAL CREMATION. 1248. DATE 124C. NAME of CEMETERY.	while on this basis, death in my of tapsy and that on this basis, death in my of the original death in my original death	DATE SIGNED 8/2/71		
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK AT W  1 certify that I held an Inquiry Inspection Autorised Accident Suicid  ACTUAL SIGNATURE EXAMINER'S RUSSell S. Fisher, M.D.  14A. BURIAL CREMATION, 24B. DATE EMOVAL (Specify)	WHILE ORK  tapsy and that on this basis, death in my of the Homicide Undetermined manner CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER CHIPPLE CHIPPLE MEDICAL EXAMINER CHIPPLE MEDICAL EXAMI	DATE SIGNED 8/2/71 (State)		
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK AT W  1 certify that I held an inquiry inspection Autorised Accident Suicid  ACTUAL SIGNATURE EXAMINER'S RUSSELL S. Fisher, M.D.  1 NAME (Type)  4A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY (EMOVAL (Specify))	while or the past of the past	DATE SIGNED 8/2/71 (State)		

9/13/71 - Letter from M.E.O.

Affe.

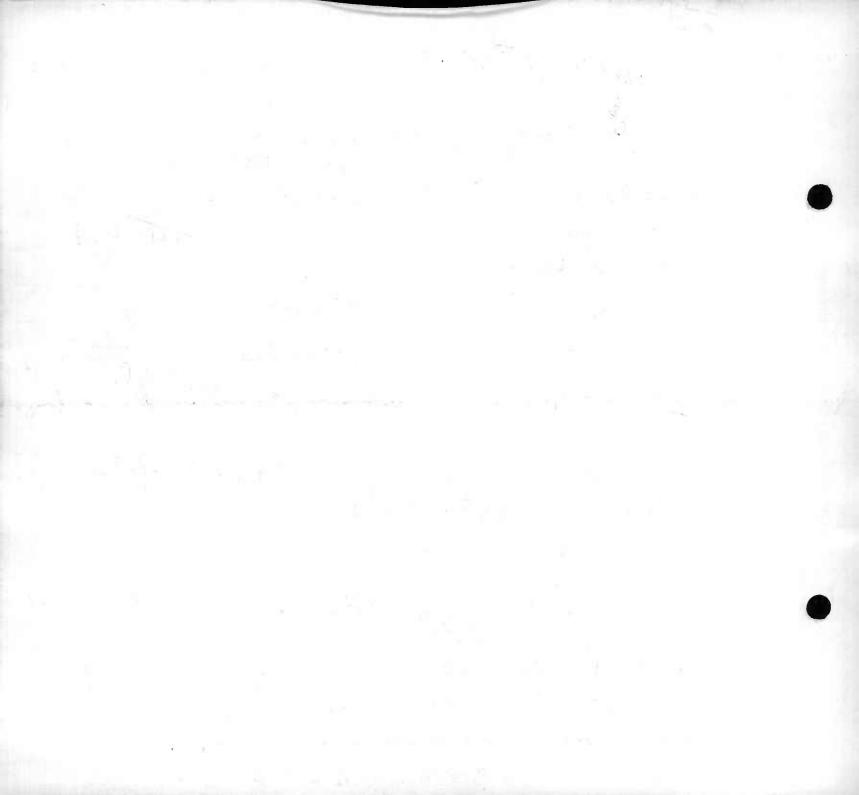
4351	BIRTH	No. 71	7308		BALTIMORE CIT			REG. NO.	1 730	18
deat deat cease on th	1. NA	ME OF DECE		ther	T. Gwal	nev	2. DATE AND	HOUR OF DEATH	1	Good
te Dog	3. PL/	ACE IN BALTI	MORE, MARYLAND, V	HERE PRON			ESIDENCE (Where	deceased lived If	institution: reside	ence before admission)
cause use; (5) endanc to dec	HOSP	NAME OF ITAL OR IUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INST	TITUTION, GIVE STREET	Mai	ryland IOWN		SIDE CITY LIMITS	1200
ing ing cau att	6	10	Longgree	en Nui	rsing Home	E. STREET A	timore ND NUMBER 7 E. 33rd	d St.	YES 🔀	NO 🗌
occurre ontribut ermined regular regular is made	5. SEX	M	RACE W	WIDOWE		June	6, 1890	AGE (In years st birthday)	If Under 1 Y Months Day	Yr. If Under 24 His.
4 O +	done d	SUAL OCCUP	ATION (Give kind of world with the street of the street)	10B, KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLA	CE (State or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?
D F D D .=			nt Clerk	Bar	king	1	Id.		TT	S.A.
was was he posit	13. FA	THER'S NAM					'S MAIDEN NAMI			D.A.
S T S		Luther	H. Gv	altne	ey	Lu	ıra Kı	camer		
stant ind; eath e on	15. Wo	s Daceased E	ver in U. S. Armed Far f yes, give war ar date	ces?	1 6. SOCIAL	17. INFORMA			AD	DRESS
治子不らって		No	7 yes, give war at acie	or service		A Man	. M m.			1
s ass if 1 any ced ndan or fi	18.		0.91		214-01-479 CAUSE OF DEA	H MILS	3. M. The	erm Gwart	ney	(Same)
ef medical examiner or his n medical examiner. Also, dy burns; (3) A fracture of a physician who pronounc cian was in regular atten he remains are embalmed	ATION OIL	his does not carry ar cample of loilure, as jury ar cample AN ISEASES OR the NOERLYING	OR CONDITION DIE ADING TO DEATH mean the mode of sitheria, etc. It means ication which caused ITECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.  II ANI CONDITIONS COI BUT NOT RELATED TO TH PERATION [178. CON	dying, e.g the diseas doath.)  any, givin staling th  NTRIBUTING IE TERMINAL I 1 (A). DITION FOR	(B)	A CONSEQUENT A CONSEQUE	NCE OF:	20B. IF YES, WERE	FINDINGS CO.	NSIDERED
chi Bo th th ysi	RTIF	2	WAS PERF	ORMED			142	20B, IF YES, WERE IN CERTIFYING CA	USES OF DEAT	H?
キーショーを	CAL	ATH (natify m	WAS UNDERLYING NG CAUSE OF adical examinar	ho et	B. PLACE OF INJURY te.g., oma, farm, toctary, street, c c.)	n or about 21C, ffice bldg., INJU	WHERE DID	(If In Baltimo	ra City, glva exa	ict lacotion)
the hospita ny nature; except who and (6) No	IA	PPROX.)	Month! (Doy) (Year)	W	E INJURY OCCURRED  /hile AI	e m	HOW DID INJUR	Y OCCUR?	0 2	~/
ppro the any (exc ; an	22.	I certify th	at (1) (this hospital	attended	the decessed from		19	to	0-0	19
- U - B		/ .	s) sow the decease			19_/	and that	In (my) (sur ) opl	nion death oc	curred on the date
ifficate must be a y was released to y was released to i). An accident of i.A. at a hospital d prior to death) approval must by	23/	d how ond f	2 M	liam	Helfrich	ending s. 23 D/ADDRESS		Ave e	23R, DATE SIG	4-7/
S A P B	24A. B	URIAL CREMA	ATION, 248, DATE	24C.	NAME at CEMETERY OF CR		24D. LOC		ity, town, ar cou	intyl (State)
the body was shows: (1) An was D.O.A. at deceased price written approximation	В	urial	8/6/71		uid Ridge		Pike	esville.	Balto	.Co., Md.
the shov was dec		AUG			Jaben Man	H.W.	Jenkins	& Sons Co	3.4905 A	York Rd.
	A2 120	-REV. 7/7/88				-				

FUNERAL DIRECTOR:



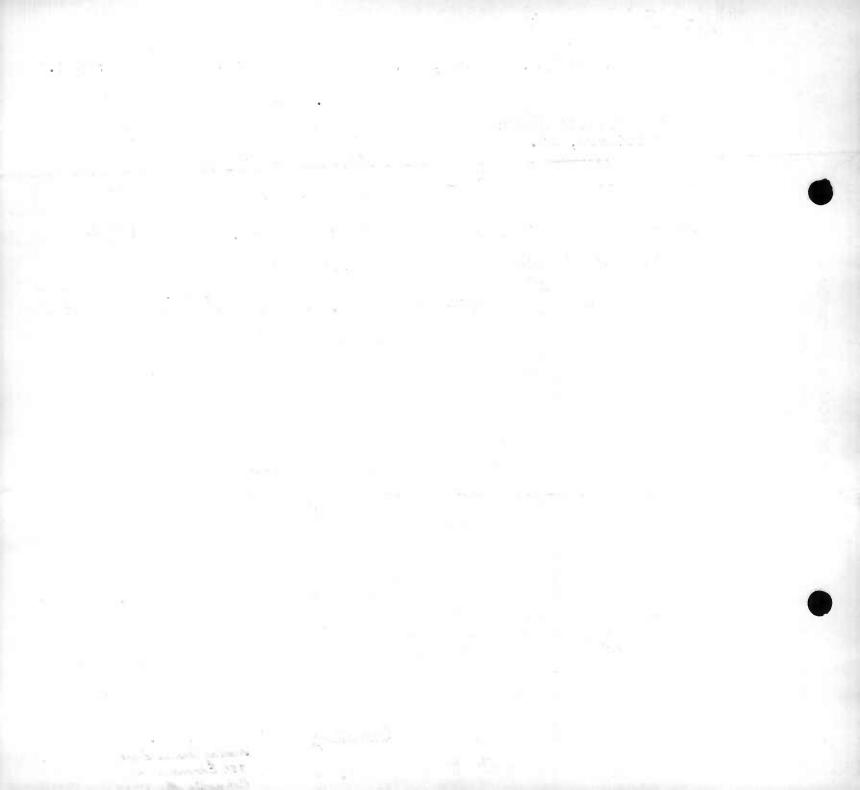
FUNERAL DIRECTOR:

Tara	BALTIMORE CITY	HEALTH DEPARTME	NT ,~		
BIRTH NO. 71 7309	CERTIFICA	TE OF DEAT		1 7309	·
Type or Print TESSIET, MORE	IE L. TESSIER	2. DA	TE AND HOUR OF DEAT	Н	30 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, II	institution; residence bef	ore admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  ADDRESS OR LOCATION)	ITION, GIVE STREET	A. STATE B. C. CITY OR TOWN	vel Prince	SOPE CITY LIMITS?	A ( )
38 Universely He	sprted	E. STREET AND NUM	ck Mal	YES NO	
5. SEX 6. RACE 7. MARRIED 5	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF	DIVORCED	2/3/34	lost birthdoy)	If Under 1 Yr. II Months Doys Hou	Under 24 Hrs.
Nous Eerfe	BOSINESS OK INDUSIRY	11. BIRTHPLAICE ISING	or foreign country)	e US A	AT COUNTRY
13. FATHER'S NAME	el	14. MOTHER'S MAIDER	NAME )	7	
15. Wes Deceased Ever in U. S. Armed Forces?  Yes,no or unknown)   If yes, give wor or doles of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	21	ADDRESS	
18.	CAUSE OF DEATH	describer	ion isch	erecy.	
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		0		TE INTERVAL
LEADING TO DEATH	AND MANAGORATE CASE	PETTO TEN	to	56	0
1This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAU DUE TO, OR AS A	CONSEQUENCE OF:	<u> </u>	7-1-1	carp
injury ar camplication which caused deoth.)			- MIX	esterkae	^
ANTECEDENT CAUSES	(8)	Sweet	Spallho	terel 39	Silvar
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		3	CCO
rise to the abave couse (A) stating the UNDERLYING CONDITION tost.	(c)				4
_ 11			11	7	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Soleter	Kiday ?	Cotticens	weeter	Zy
19A. DATE OF PERATION 19R. CONDITION FOR WAS PERFORMED SW	HICH OPERATION	20A- AUTOPSY? (Yes	IN CERTIFYING C	FINDINGS CONSIDERE	D
U 21A. ACQUENT WAS UNDERLYING 218.	Me pourses	ruce N	0		
OR CONTRIBUTING CAUSE OF hame	LACE OF INJURY It p., in form, factory, street, offi	ce bldg., INJURY OCCU	R? (If In Boltimo	ore City, give exoci locotic	on)
21D-TIME (Month) (Doy) IYeor (Hour) 21E f	NJURY OCCURRED	21E. HOW DIE	INJURY OCCUR?		
E IAPPROX) While	At Not While		INJURY OCCURY		
22. I certify that (I) this hospital) attended the	LJ At Work	10/2	7/	7/20	
that (1) (we) last saw the deceased alive an	7/30	19.71 on	d that In (my) (aur) ap	Inian death accurred	an the date
and have and from the causes stated above. (1)	(We) (did) (dld nat) vl	ew the bady after dec	ith.		
TRACK-CUBEN	MD Atten	ding Med.	Stoff Phys.	238 DATE SIGNED	1
23C. PHYSICIAN'S NAME IType! PAG D D F	DEGREE Phys.	D. ADDRESS	Phys. L	5 70	7/
AA. BURIAL CREMATION, 248. DATE 24C. NAN	ME OF CEMETERY OF CREA	MATORY 24	D. LOCATION IC	ity, town, or county)	(Stote)
Burial 8/3/71 Tri	nty Memorial	Gardens	Waldorf, Md.		
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF	REGISTRAR	2SC. FUNERAL DIREC	TOR	ADDRESS	
AUG 4 1971 Palas E. Jaba	MP. O O	MAINTEN	LIVELUCE YC	ITLAND MOD	



FUNERAL DIRECTOR:

1 1/2			SALTIMORE CIT	Y HEALTH DEPARTMENT	12	1 7310
BIRTH NO.	71 73	10	CERTIFICA	TE OF DEATH	REG. NO.	1 /310
1. NAME OF DEC					AND HOUR OF DEAT	
2 81 . 22	Joseph	J. Libert	o, Sr.	Jul	y 31, 197	1 12:45 A.
3. PLACE IN BAL	LTIMORE, MARYLAND,	WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (	Where deceased lived II	institution; residence before admissi
FULL NAME OF HOSPITAL OR INSTITUTION,		PITAL OR INSTITUTION,	GIVE STREET	Md		2531
41	1 Hazlett	Avenue		C. CITY OR TOWN	D. II	VSIDE CITY LIMITS?
Ba	ltimore, A			Baltimore		YES 📈 NO 🗌
1,0. 10				E. STREET AND NUMBER	•	
5. SEX	6. RACE			411 Hazlett	Avenue	
Male	White	7. MARRIED NEV	ER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
		WIDOWED	DIVORCED _	July 2,189	/ /4	Months Doys Hours Min.
IOA, U SU AL O CCI	UPATION (Give kind of working life, even if relired	ork 108. KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLA CE (State or	foreign country)	12. CITIZEN OF WHAT COUN
Barber	working me, even if felired	''				11 0 0
3. FATHER'S NA	MF	Barber Sh	юр	Baltimore,	Md.	U.Sit.
				14. MOTHER'S MAIDEN		
	vanni Lib			Rosaria Zi	to	
5. Was Deceased	Ever in U. S. Armed F	orces? 16. SOC		17. INFORMANT		ADDRESS
No	I hes, give wor or ac		URITY NO.	Bal	timore, Md	ADDRESS 21229
			03-0299	Mrs. Rosin	a Liberto-	411 Hazlett Av
18. 4/0	2.4-1	C	AUSE OF DEAT	H /	4 / 1	APPROXIMATE INTERVA
DISEAS	E OR CONDITION D	DIRECTLY	Alak	Varia A. A.	Cardialla	BETWEEN ONSET AND DE
	LEADING TO DEATH	Н	140	- worders fre	Canada Vus	e.
fThis does n	al mean the made o	of dying, e.g.,	A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	ace	1000
neon tollure,	asthenia, etc. It mean				1	
injury or com	plication which cause	ed death.)	Cerel	no Vascula	- Insulfee	-
1	ANTECEDENT CAUSE	ES				0
	R CONDITIONS, II		3)	*********************	. //	
rise to the	above cause IA	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING	CONDITION last.		c)			l l
	11	,	77		*******************	
OTHER SIGNIF	CANT CONDITIONS CO	ONTRIBITING		D. A.		
I IO THE DEATH	H BUT NOT RELATED TO	THE TERMINIAL		1 aumoni		
	ONDITION GIVEN IN PA	NOTION FOR WHICH O	PERATION	20A A 140 14		***************************************
19A. DATE OF	WAS PE	RFORMED	PERATION	ZUA. AUTOPSYT (Yes or	No. 20B. IP YES, WERE	FINDINGS CONSIDERED
21A. ACCIDEN	T WAS HAD SOLVENS			No		AUSTO OF DEATH
OR CONTRIBU	TING CAUSE OF	218 PLACE C	IF INJURY (e.g., in	or obout 21 C. WHERE DID	(II In Baltima	are City, give exoci lacation)
DEATH fnalify	medical examiner)	elc.)	detery, sincey die	ice piedd itdackt occost		
21D. TIME	(Month) (Dayl (Year)	Hour 21E INJURY	OCCHERTO	015 1150		
OF INJURY	127, 1730			21F. HOW DID II	NJURY OCCUR?	-
(APPROX.)		While At Wark	Nat While At Wark			
		ol) attended the deceo		7-27-	- 40 /	
22.   certify (	that (I) (this baselte	ni) minguned the deceo	sed from		19 7/ 10	7-3/- 10 7
			~ ~			······································
that (i) (we)	last sow the deceas	sed alive an			that in (my) (our) ap	inian death occurred an the do
that (i) (we)	last sow the deceas	sed alive an			that in (my) (our) ap	inian death occurred an the do
that (i) (we)	last sow the deceas	sed alive an		19 7 and ew the bady after death	that in (my) (our) ap	
ond haur and	last sow the deceas	sed alive an	lid) ( <del>did not) v</del> i	ew the bady after death	that in(my) ( <del>our)</del> ap	238, DATE SIGNED
ond haur ond	from the couse's sta	sed alive an	lid) ( <del>did not) v</del> i	ew the bady after death	that in (my) (our) ap	
ond haur ond	from the couse's sta	sed alive an	IId) (did not) vi	ew the bady after death	that in(my) ( <del>our)</del> ap	238, DATE SIGNED
ond haur and	from the couse's sta	ed alive an	IId) (did not) vi	ew the bady after death	that in(my) ( <del>our)</del> ap	238, DATE SIGNED
ond hour ond 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty	from the couse's sto  RE  From the couse's s	ed alive an	Attended Att	ding Med. Director  BD. ADDRESS  4/16  Game  Med. Director  BD. ADDRESS	Shaff Phys	238, DATE SIGNED 8-2-7/ e. Balkynd. 2
ond hour ond 23A. SIGNATUE 23C. PHYSICIAF NAME (Ty	from the couse's sta RE  From the couse's sta RE  From the couse's sta RE  AARION, 24B, DATE	ed alive an	Attended Phys.  Attended Phys.  DEGREE  EMETERY of CREA	ew the bady after death ding Med. Director 3D. ADDRESS 4116 641 AATORY 24D.	Shaff Phys. D	238, DATE SIGNED  8-Z-7/  238, DATE SIGNED  8-Z-7/  238, DATE SIGNED  (State)
ond haur ond 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) (A. BURIAL CREM REMOYAL IS, BUTIAL	from the couse's started to the couse's start	ed alive an	Attended Att	ew the bady after death ding Med. Director 3D. ADDRESS 4116 641 AATORY 24D.	Shaff Phys. D	8-2-7/ e. Balkfud. 2 ity, town, or countyl (State)
ond haur ond 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) (A. BURIAL CREM REMOYAL IS, BUTIAL	from the couse's started to the couse's start	ed alive an	Attended Physics Degree Physics Degr	ding Med. Director Di	Shaff Phys. D	23B, DATE SIGNED  8-2-7/  e. Salamd 2  ity, town, or county! (State)  Md.
ond hour ond 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty  A. BURIAL CREM REMOYAL ISE BUTIAL	from the couse's sta RE  From the couse's sta RE  From the couse's sta RE  AARION, 24B, DATE	ed alive an	Attended Physics Degree Physics Degr	ding Med. Director  3D. ADDRESS  ALIGH  24D.  25C. FUNERAL DIRECTO	Shaff Develor for Location (Continuous)	238. DATE SIGNED  8-Z-7/  8. Subject to State)  1. State ADDRESS
ond hour ond 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty  A. BURIAL CREM REMOYAL ISE BUTIAL	from the couse's stores  From the couse's stor	ed alive an	Attended Physics Degree Physics Degr	ding Med. Director Di	Shaff Develor for Location (Continuous)	238, DATE SIGNED  8-2-7/  e. Salayud. 2  ity, town, or county! (State)  Md.



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4 6 76 1914 4 4 4	DALTIMORE CIT	Y HEALTH DEPARTMENT	
7-020 71 7311	CERTIFICA	TE OF DEATH REG. NO.	*
1. NAME OF DEGEASED (Type of Pant) (FOLGEH. HYNSON)		2. DATE AND HOUR OF DEATH AUG 2, 1971 15 Aug	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution residence before adm	ission)
FULL NAME OF IF NOT IN HOSMTAL OR INSTITUTION  INSTITUTION  IF NOT IN HOSMTAL OR INSTITUTION	TION, GIVE STREET	Maryland Baltimore C.GIY OR TOWN D. INSIDE CITY LIMITS?	20
2.5		Baltimore YES NO X	
The Johns Hopkins Hosp	ital	4218 Overton Avenue	
SEX 6. RACE 7. MAPPIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   I( Under 1 Yr.   If Under 1 Worths! Days   Hours	4 Hrs.
MALE WHITE WIDOWED	DIVORCED [	051414 54	Min.
OA, USUAL OCCUPATION (Give kind of work IDB, KIND OF lone during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT CO	UNTRY
	Construction	Maryland U.S.A.	
3. FATHER'S NAME	COILS OF MC CTOIL	14. MOTHER'S MAIDEN NAME	
Charles L. Hynson		Anna G. Judefind	
5. Was Deceased Ever in U. S. Anned Forces? Yes, no or unknown) [if yes, give war or dotes of service]	1 & SOCIAL SECURITY NO.	17- INFORMANT ADDRESS	236
No	213-05-7286		
18. 794 0	CAUSE OF DEAT	APPROXIMATE INTO	RVAL
6/7/01		BETWEEN ONSET AND	DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		use low cardiae output	
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CA	USE (OW COUNCIDE OF ) Just	
heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which caused death.			
ANTECEDENT CAUSES	mital	Eland Thicushed valva allease	
DISEASES OR CONDITIONS, If any, giving	(B) DUE TO, OR AS	GLANIC TRICUSPIN VALVE DURASE SA CONSEQUENCE OF UMATU REALT DUSCASE	
rise to the above cause (A) stating the	Rho	MARIOTI THERE HIAGARA	
UNDERLYING CONDITION last	(c)	arman ryan an and	
T T			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
U 194 DATE OF OPERATION 1198 COMPITION FOR V	HICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO.	
7-28-71 WAS PERFORMED VALV	2 MALAPANIA.	Yes IN CERTIFIENG CAUSES OF DEATH NO	
21A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY 10.04	In or obout 21 C. WHERE DID (It in Baltimore City, give exact lacation)	
OR CONTRIBUTING CAUSE OF home of CAUSE	e, farm, factory, street, o	office bidge INJURY OCCUR?	
> Intotal lugary medical exemines 14409		*	
U			
U	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
210-TIME   Manihi (Day) (Year) (Hour) 21E	le At Not Whi		
OF INJURY (APPROX.I   Maniful (Day) (Year) (Hour) 21 & White War	Nat Whi		921
21D-TIME   IManthi (Day) (Year) (Hous) 21E	le At Not White At Work	July 10 1971 10 lug 2 191	<del>(H</del>
210. TIME IManihi (Day) (Year) (Hour) 216. White (APPROX.)	Nat Whi		TH ne date
21D. TIME IManihi (Day) (Year) (Hour) 21E. OF INJURY (APPROX.)  22. I cestify that (1) (this hospital) attended the thot (1) (we) last sow the deceased alive an	le Af Not White At Work Not Wo	Ally 10 19 77 to dig 2 192  19 and that In(my) (our) opinion death occurred on the	77 ne date
210. TIME   Month! (Day) (Year) (Hour) 216. Whi War (APPROX!  22. I cestify that (1) (this hospital) attended the thot (1) (we) last sow the deceased alive an	le Af Not White At Work Not Wo	Ally 10 19 77 to dig 2 192  19 and that In(my) (our) opinion death occurred on the	(77) ne date
210. TIME   Manthi (Day) (Year) (Hour) 216. Whi War (APPROXI  22. I cestify that (1) (this hospital) attended the thot (1) (ws) last sow the deceased alive an and hour and from the couses stated above. (1)	Not White At Work work we deceased from CUG 2 (95) (We) (did) (did not)	19 19 19 19 19 19 19 19 19 19 19 19 19 1	CH ne date
21D. TIME   Month! (Doy) (Year) (Hous) 21E. OF INJURY (APPROX.!  22. I costify that (1) (this hospital) attended the thot (1) (we) last sow the deceased alive an and hour and from the couses stated above. (1) 23.4 Signature	Not White At Work work we deceased from CUG 2 (95) (We) (did) (did not)	Ile   19   10   19   19   19   19   19   19	CH,
21D. TIME   Month! (Doy) (Year) (Hous) 21E. OF INJURY (APPROX.!  22. I costify that (1) (this hospital) attended the thot (1) (we) last sow the deceased alive an and hour and from the couses stated above. (1) 23 V SIGNATURE  23C. PHYSICIAN 1 NAME (Type)	Not White At Work At W	Ile   19   19   19   19   19   19   19   1	CFT ne date
210. TIME   Manihi (Day) (Year) (Hour) 216. OF INJURY (APPROX.)  22. I cestify that (i) (this hospital) attended the thot (i) (we) last sow the deceased alive an and hour and from the couses stated above. (i)	Not White At Work At W	ond that in (my) (our) opinion deoth occurred on the body after death.    Med.   Staff   Phys.   Phys.	(7) ne date
21D. TIME   Month! (Doy) (Year) (Hous) 21E. OF INJURY (APPROX.!  22. I costify that (i) (this hospital) attended the thot (i) (we) last sow the deceased alive an and hour and from the couses stated above. (I) 23 SIGNATURE  23C. PHYSICIAN 1 NAME (Type)  David K. Bone	Not White At Work At W	In the state of th	CFT.
21D. TIME   Month! (Day) (Year) (Hous) 21E. OF INJURY (APPROX.!  22. I costify that (1) (this hospital) attended the thot (1) (we) last sow the deceased alive an and hour and from the couses stated above. (I 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  David K. Bone  24A. BURIAL CREMATION, 24B. DATE   24C. NAME (Specify)	Not White At Work At Manager	The Johns Hopkins Hospital  19 19 19 19 19 19 19 19 19 19 19 19 19 1	
21D. TIME   Month! (Day) (Year) (Hous) 21E. OF INJURY (APPROX.!  22. I cestify that (!) (this hospital) attended the thot () (we) last sow the deceased alive an and hour and from the couses stated above. (!  23A. SIGNATURE  23C. PHYSICIAN 2  NAME (Type)  David K. Bone  24A. BURIAL CREMATION, 24B. DATE   24C. NAME (Specify)   24B. DATE   24C. NA	Not White At Work At	The Johns Hopkins Hospital  19 19 19 19 19 19 19 19 19 19 19 19 19 1	
21D. TIME   Month! (Day) (Year) (House 21E   White   Month! (Day) (Year) (House 21E   White   Month! (APROX!)   White   Month! (Month!	Not White At Work At	al Park    Park	itale)

water to be MITTER COLL FROM A SOLVE SOLVE SOLVE They a 17! Said K Bow New

BIRTH NO.	7312	CERTIFICA	TE OF DEATH	REG. NO.	71 7312
(Type or Print) Bel	Dath 1	n. od		ND HOUR OF DEATH	· ~ 20
3. PLACE IN BALTIMORE, MA	YLAND, WHERE PRONC	OUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	nstitution: residence before odmission
			M. SIMIE B. COU	NE ARUNDEL	residence perore odmissio
HOSPITAL OR ADDRES	IN HOSPITAL OR INSTI	IUTION, GIVE STREET	C. CITY OR TOWN		
/			MILLERSVIL		SIDE CITY LIMITS?
University of Ma	grand		E. STREET AND NUMBER	LL g	YES NOX
38				OUTS 3	
5. SEX 6. RACE	7. MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years	I II Hadas 1 Va III Hadas 24 H
F Cauc	WIDOWED	DIVORCED	10-1-20	lost birthdoyl	Il Under 1 Yr. Il Under 24 H. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give done during most of working life, eve	kind of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	ign country)	12. CITIZEN OF WHAT COUNT
Housiwife		smc	OHID		U.S.A.
13. FATHER'S NAME	I D WIT I TO	Jille	14. MOTHER'S MAIDEN NA	MF	U.3.A.
LEWIS	DICE				ONLEY
5. Was Deceased Even in 11 S	A E 2	1 6. SOCIAL	17. INFORMANT	MUANET DAT	
(Yes, no or unknown) (If yes, give	wor or doles of service)	SECURITY NO.			ADDRESS
	///////////////////////////////////////	218 22 2440	Mr. Hilliard (	J. Bell (hu	sband) Same As#4
18. 431.91		CAUSE OF DEATH	1	4	APPROXIMATE INTERVAL
DISEASE OF COND	ITION DIRECTLY		SE Curcio palaone	. Acrest	BETWEEN ONSET AND DEA
(This does not meen the		(A) IMMEDIATE CAU		g	Minutes
heart failure, asthenia, etc.	it means the discose.	DUE TO, OR AS	A CONSEQUENCE OF:	*****************	
injury or complication which	h coused deoth.)		0 / 1 //	1-0	
ANTECEDENT	CAUSES	403	Care had Steme	nose	36 hours
DISEASES OR CONDITIO	NS, il any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
rise to the obove co	use (A) slotting the				
TABLETING CONDITION	1026	(c)			
O OTHER SIGNIFICANT CONDIT	ONE CONTRIBUTION				
TO THE DEATH BUT NOT REL	ATED TO THE TERMINAL	10			1
DISEASE OR CONDITION GIV	EN IN PART 1 JA).	WHICH OPERATION	20A. AUTOPSY? (Yes or No	W 200 15 H20 1112	
TO THE DEATH BUT NOT REI  OF THE DEATH BUT N	WAS PERFORMED	bund	Town WO I OLD STATES OF INC	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	RLYING 218	PLACE OF INJURY (e.g., in	or about 21 C WHERE DID	// / D Iv	
OR CONTRIBUTING CAUS	E O F hom	ie, form, factory, street, off	ice bidg. INJURY OCCUR?		e City, give exoct location)
		100	160		
OF INJURY		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	Wh	ile At Not While			
22. I certify that (i) (this	haspital) attended t		0 // //	19 to ///	19 7/
that (1) (we) last saw the					
			and th	at in (ma) (ont) obju	nion death accurred on the da
and have and from the ca	ses stated abave. (I	/ (πe) (did) (did nat) vi	ew the bady after death.		
1.1.1.1	DX IN	2. D Allan	ding Med.	SL-III -	23 B. DATE SIGNED
Clehand 1/2	Tell of	DEGREE Phys.	7 7 7 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7	Staff Phys.	JAUL7/
23 C. PHYSICIAN'S NAME (Type)	1111-	2	3D. ADDRESS		/ ,
Kichar			University o	+ Marylan	nd
4A. BURIAL CREMATION, 24B. REMOVAL (Specify)	DATE 24C.N/	ME of CEMETERY OF CREA			ly, fown, or county) (Stote)
		LEN HAVEN MET	100		
		E REGISTRAP		EN BURNIE,	MARYLAND
GA 1071 Q.C.	BE. Jaben 1	D. REGISTRAR	25C. ENNERAL DIRECTOR	SING	GLETON PONERAL HI
		A TA 2 AND .	1 4 1 44-11	GLE	

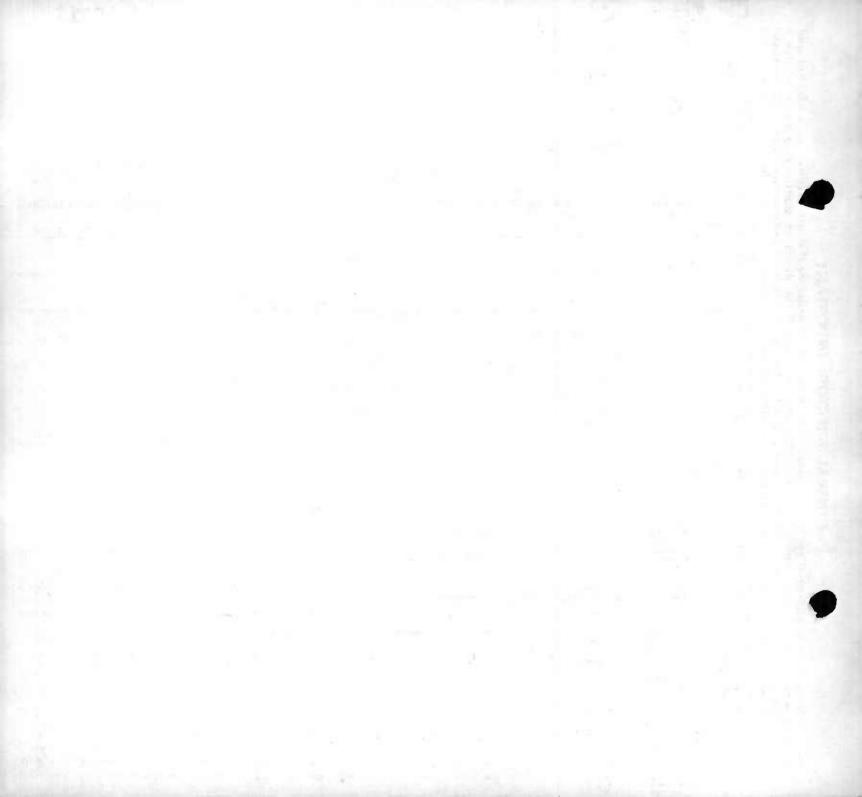
ę "r

# 17 s 11 m

At the second se

This certificate must be approved by the chief medical examiner or his assistant if death ... urred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

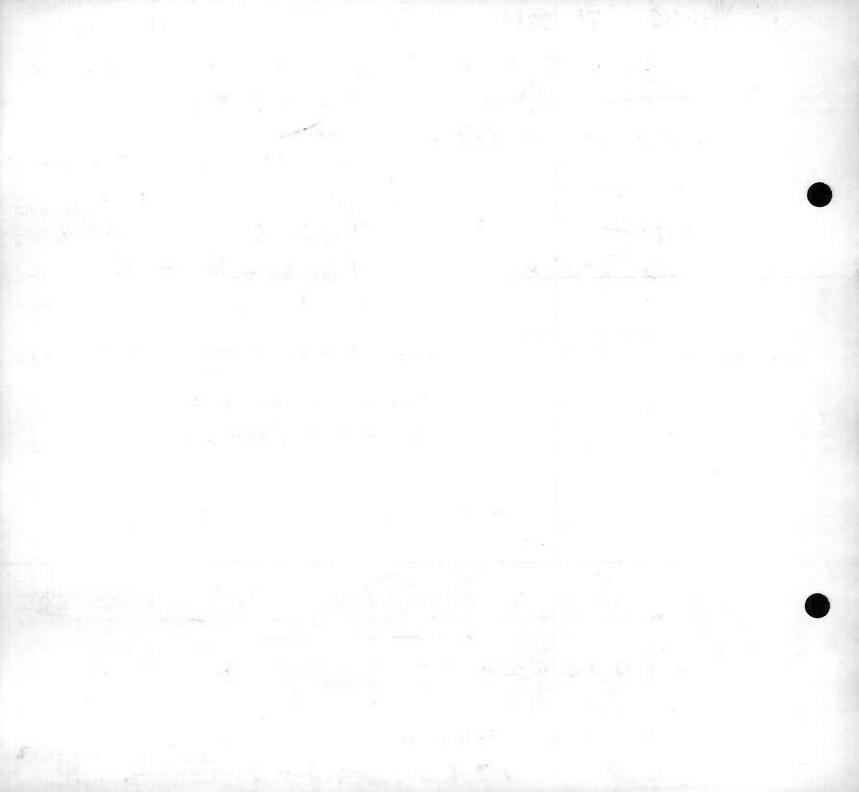
2	BALTIMORE CITY H	HEALTH DEPARTMENT		74 5040
S-652 71 7313	CERTIFICAT	E OF DEATH	REG. NO.	73.13
I. NAME OF DECEASED Type of Print) GREENSTEIN > 1		7-	HOUR OF DEATH	1.10 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	CED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN	o deceased lived, If insti IY	tution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION	ON, GIVE STREET	mD.		1102
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		C, CITY OR TOWN		CITY LIMITS?
SIPAI HEED		E. STREET AND NUMBER		YES NO NO
13		10/w.m	ONWMEN	
S. SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED 8  DIVORCED	10-31-95	ost birthday)	Il Under 1 Ye. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	1. BIRTHPLACE (State or forei	ga country)	12 CITIZEN OF WHAT COUNTRY?
S-25en		Mary	fand	U5a.
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN HAN	AE .	
alraham		tannie		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown   (if yes, give war or dates af service)	SOCIAL 1	7. INFORMANT		ADDRESS
No.	account no.	Nesochai	A	
18, 4/10, 6	CAUSE OF DEATH	9(0)	\	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY		Mungald	ial inferch	m 9 days.
LEADING TO DEATH	(A)IMMEDIATE CAUS		ear rywich	on a actyo.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,		CONSEQUENCE OF:		
Injury or complication which caused death.)	AL Fin	eselvedic	Heast A	1. Yeaso.
ANTECEDENT CAUSES	(8)		77 (20 )	/
DISEASES OR CONDITIONS, if any, giving lise to the above cause (A) stating the	DUE TO, OR AS A	CONSEQUENCE OF:		
UNDERLYING CONDITION Task	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	ICH OPERATION	120A-AUTOPSYZ (Yes or No	208 IF YES WERE FIL	NDINGS CONSIDERED
WAS PERPORMED		20A. AUTOPSY (Yes at No		
LOR CONTRIBUTING CAUSE OF	ACE OF INJURY le.g., in form, feetory, street, efficient	or about 21 G. WHERE DID co bidg., INJURY OCCUR?	(if to Boltimore	City, give exact location)
	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
While (APPROX.)	Al Work			/ 0
22. I certify that W (this hospital) attended the		7- 28	19 // ta //	50 10 //
that (W (we) just saw the deceased alive on	7/30	7/		an death occurred an the date
and have and from the causes stated above.			-1,10,100	
23A. SIGNATURE	(dia) (dia) (dia)	EW THE Dudy unter decine		23B, DATE SIGNED
	enfaul Atten	ding Med.	Stoff Phys.	7-30-71
23C. PHYSICIAN'S	DEGREE PHYS.	D. ADDRESS	rnys, and	
NAME IType)				
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	DEGREE OF CREA	AATORY  240. L	CATION (City	· town, or county) (State)
REMOVAL (Specify)	0 5	1 G.T. Chair	Bath	hm
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	KJEXIO	ADDRESS
All A 1079 Robert E. Falley	AL .	Sylvan a	aura d Son	9610 Resoluto Joya
VS 150-REV. 171/68		1111	•	<u> </u>



DIRECTOR:

FUNERAL

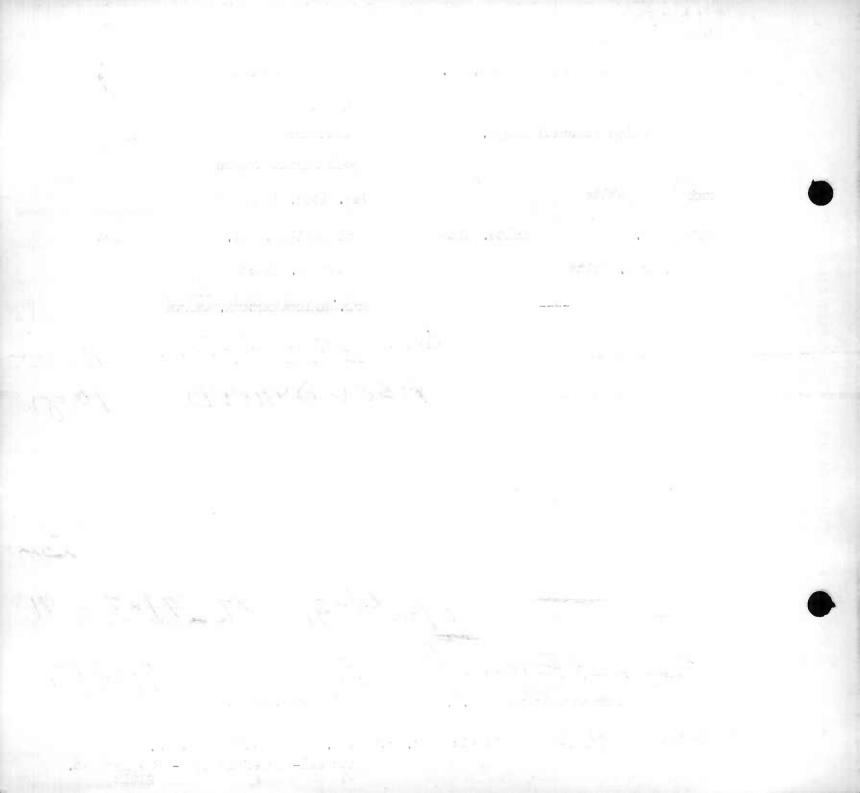
VS 150-REV. 1/1/68



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



0.00	BALTIMORE CITY	HEALTH DEPARTMENT	71 7016
620 71 7316 BIRTH NO. 71 7316	CERTIFICA	TE OF DEATH REG.	
THOMAS	S. GEORG	, , , , , ,	7:55 pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNTY	ved. If institutions residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland	2/11
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
WINON MEMORI	M MOSDITAL	BALTIMORE	YES 🔀 NO 🗌
TONION MEMORI	AZ ACS/ TIME	6. STREET AND NUMBER 4510 N. CHARLE	ES STREET.
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in ye lost birthdoy)	Months Doys Hours Min.
MALE WAITE WIDO	WED DIVORCED	11-08-92	28
OA. USUAL O CCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTS
	struction Eng. G. George Associat	as MARVLAND	U.S.A.
3. FATHER'S NAME	A deorge masocia	14 MOTHER'S MAIDEN NAME	0.074
FRANKLIN G	CORBE		STEVENS.
5. Was Deceased Ever in U. S. Anned Forces? (es, no or unknown) (if yes, give war or doles of sen	ricel 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	577-05-7792	Miss Jean R. George 4	510 N. Chaeles Street
18. // / 5 4/	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE CARDIAK FAICE	I RE REVER FAXILE
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	C.C. DUETO OP AS	A CONSEQUENCE OF:	
Injury or complication which Caused death.)	adec.		
ANTECEDENT CAUSES	Rete	RIOSCLE POTIC CARDI	OVASCULAR
DISEASES OR CONDITIONS, If any,	iving (B) DUE TO, OR AS	A CONSEQUENCE OF:	DISERE
rise to the above cause (A) stating			
UNDERLYING CONDITION last.	(c)		
2 11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	ING NAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		[20A. AUTOPSY? (Yes or No.) 20B. IF YES	WERE EINDINGS CONSIDERS
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH UPERATION	IN CERTIFY	WERE FINDINGS CONSIDERED ING CAUSES OP DEATH?
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITIBY IS A	n of about 21 C. WHERE DID	Boltimore City, give exect location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B PLACE OF INJURY (e.g., home, form, factory, street, o	lice bidg. INJURY OCCUR?	Summers City gave exect recondity
21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR	
(APPROXI	While At Not While Work At Work	• 🗆	
			7.3/.7/ 10
22. I certify that (I) (this hospital) attend	17 20 71	7-27-119 ta	
that (1) (we) last saw the deceased alive		•	our) opinian death accurred an the do
and have and from the causes stated aba	ve. (1) (We) (did) (did nat) v	riew the body after death.	
23A. SIGNATURE	1 10		238, DATE SIGNED
BOLLIDE	Call Oh.	s. Med. Staff Phys.	1.31.11
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	1 1 1 1 1
NAME (Type)	RIETO	3501 St Vaul S	t. Apl 711 Ballimore, 1/2
KATON DEL	OUS 10 DEGREE		(City town of control of
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY of CR		(City, town, or county) (State)
Burial 8/3/77	Lorraine Pl	c. Cemetery Balti	
25A. DATE REC'D BY HEALTH DEPT.   25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 4 1971 Valley 44 44	there was	Mitchell-Wiedefeld Ho	me obuu iork kd.
VS 150-REV. 1/1/68			

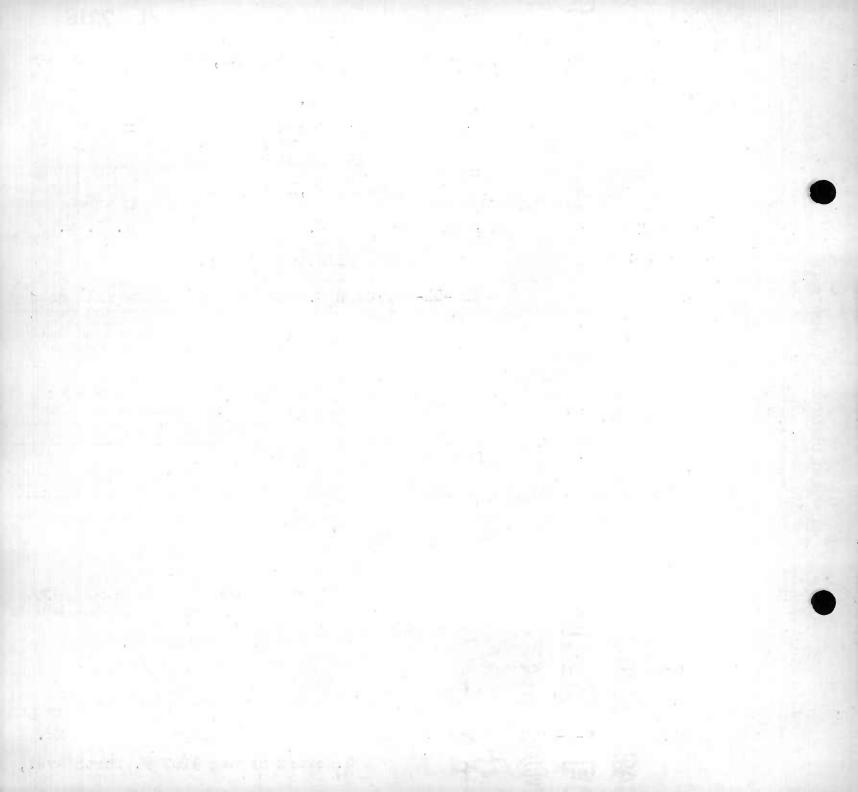
Telegraphic and the Poster and the State of 
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0 - 1	BALTIMORE CIT	Y HEALTH DEPARTMENT	
(-343 71 731	7 CERTIFICA	ATE OF DEATH REG. NO	71 7317
NAME OF DECEASED		2. DATE AND HOUR OF DEATH	7047
Type or Print) CATALDI, MARY		JULY 31 1971	1 9:20 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II in	stitution: residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	MD.	1/61
NSTITUTION ST. AGNES HOSE			IDE CITY LIMITS?  YES ▼▼ NO □
WILKENS & CATO	ON AVENUES	BALTIMORE  E. STREET AND NUMBER	AE2KT NO
BALTIMORE, MAR	RYLAND 21229	119 N. FULTON AVENUE	
	ARRIED NEVER MARRIED	liost diffinosy)	If Under 1 Ys, If Under 24 Hrs. Months Days Hours Min.
	DOWED K DIVORCED		
IOA, USUAL OCCUPATION (Give kind of work 108, done during most of working life, even if refired)	KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?
Housewife 3. FATHER'S NAME		17ALY	ITALY
		,	
CARMELO BASSO	114 600101	LUCY (Unknown)	ADDRESS
5. Was Decoased Ever in U. S. Armed Forces? Yes, no or unknown! lif yes, give war or dates of	service) 16. SOCIAL SECURITY NO.	Mrs. Rose M. Hardy, 3642 (	
NO	214 20 071	4 ST. AGNES HOSPITALMED	
18, 427,01	CAUSE OF DEA	TH A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY	and an assert	
(This does not mean the mode of dyla	(A) IMMEDIATE CA	AUSE CURINIAN CONIST	
heart failure, asthenia, etc. It means the	disease,	S A CONSEQUENCE OF:	
injury or complication which caused deat	- 0.11		
ANTECEDENT CAUSES	(B) C.H	· + (CU+)	
DISEASES OR CONDITIONS, If any,		S A CONSEQUENCE OF:	
rise to the above cause (A) stali	ng me	www Nellubria	
OTHER SIGNIFICANT CONDITIONS CONTRI			
TO THE DEATH BUT NOT RELATED TO THE TELE     OF CONDITION GIVEN IN PART 1	VI.		
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION WAS PERFORM U 21A. ACCIDENT WAS UNDERLYING 1	N FOR WHICH OPERATION	NO 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 R PLACE OF INJURY 10.9	in or obout 21 C. WHERE DID (If in Boltimo	re City, give exect location)
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined)	etc.)	office bidg. INJURY OCCURY	
210-TIME IMonth) IDoy) (Year) (He	DUD 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
E (APPROXI	While At Not W	hile [	
	Work LJ AI Wor		17 21 10 71
22. I certify that XIX(this hospital) att		JULY 30 19 71 10 JU	
		1971and that In(NyX (our) op	Inion death occurred on the date
and hour and from the causes stated a	bove, (1) (We) (did) XdYdXn&t)	view the body after death.	
23A. SIGUATURE	11/1/1	wording that you staff on	23B, DATE SIGNED
ADUL II	DE GREE PI	tending Med. Staff Whys.	AUGUST 1, 197
23C.PHISICIANS, NAME (Type) ERGIO SAN F	DEDDO M.D.	23D. ADDRESS	VENC C CATON AVE
	PEDRO, M.D.	EE	KENS & CATON AVES
24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify!	24C. NAME of CEMETERY of C		ity, town, or county) (State)
Burial 8-4-1971	New Cathedral		
0 - 1	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUGA 1971 Vober &	Tabel M.D. ()	Howard H. Hubbard, 4107	wilkens Ave. 21229
VS 150-REV. 1/1/68			

APPROXIMATION OF THE PROPERTY OF THE PARTY O 

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 2. DATE AND HOUR OF DEATH July 30,1971 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES DE NO 19 Mallow Hill Road 9. AGE (In yeors If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A. Wilhelmina Kelch ADDRESS 8-01-6099 John E. Murphy 19 Mallow Hill Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) 21F. HOW DID INJURY OCCUR? 30-.....and that in(my) (Syr) apinian death accurred on the date 23B, DATE SIGNED Staff Woodlawn Md. ADDRESS G. Howard Strong 3207 W. North Ave., VS 150-REV. 1/1/6B

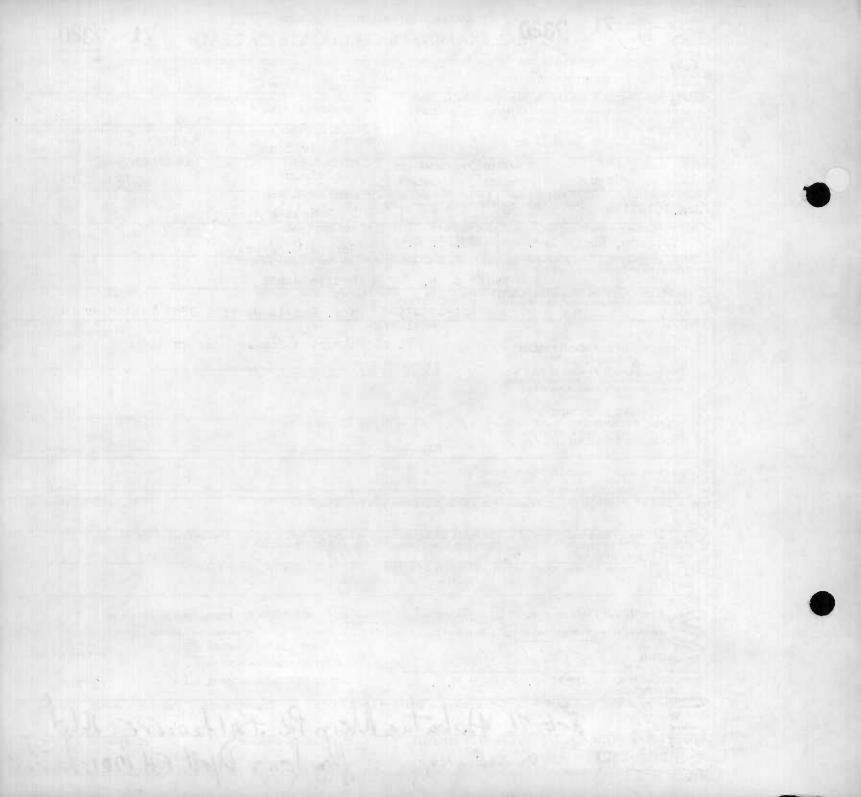


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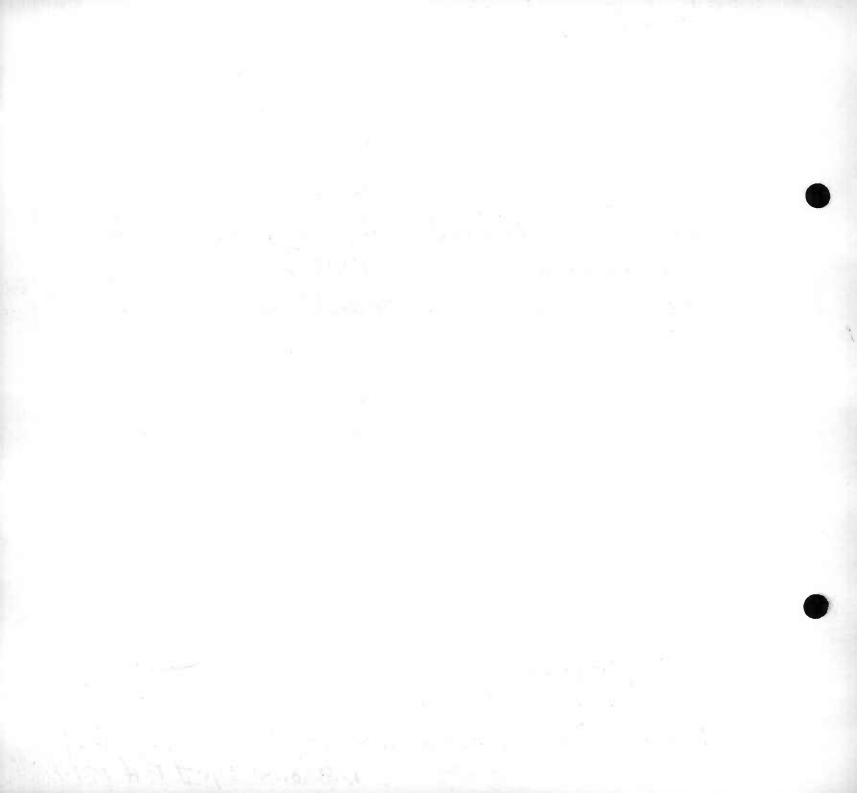
## BALTIMORE CITY HEALTH DEPARTMENT

プククハ	DIALITATIONE CITY TIES	WELL DEL VILLE IN THE IAI	
MANGEAL	EXAMINER'S	CENTIFICATE O	E DEATH
MEDICAL	EVAWIIJEK 9 C	LEKTIFICATE	IT DEATH SEC

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 132	U
IRTH NO.		
NAME OF DECEASED ARTHUR JONES	2. DATE Known Month Doy Year Hnu OF Estimated D	M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Have	
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION) R INSTITUTION	PRONOUNCED DEAD August 2, 1971  5. USUAL RESIDENCE (Where deceased lived. # Institution: residence before	2:15 A
3503 Wasbash Avenue	A. STATE Maryland B. COUNTY	11
SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Male Negro widowed Divorced	Baltimore YES X NO	
Host blobblows a Months, Dave, House, Mila	E. STREET AND NUMBER	
Jan. 1, 1911	3503 Wabash Avenue	
BIRTHPLACE (State or foreign country) Tarboro, North Car.  12. CITIZEN OF WHATCOUNTRY?	13. FATHER'S NAME	6-7-8
	George W. Jones	
A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY ineduring mast of warking life, even if retired)	15. MOTHER'S MAIDEN NAME	
Swift & Co.	Nettie Jones	
s. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no ar unknawn)((if yes, give war or dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	
No No 218-05-3546	Mrs. Ozella Jones 3503 Wabash Aver	
19. 4/2, 4 CAUSE OF DEAT		NATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arterio	osclerotic cardiovascular disease	
LEADING TO DEATH (A)IMMEDIATE CA	AUSE	
	S A CONSEQUENCE OF:	
Injury or complication which caused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS	S PERFORMED 21. AUTOPSY?	(Yes ar Na)
	yes	
UNDERLYING OR CONTRIB. home, form, factory, street, office	in ar obout 22C. WHERE DID (If in Baltimore City, give exact location) bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	-
(APPROX) WHILE AT NOT	WHILE	
23.	ORK L	
I certify that I held an Inquiry Inspection Auto	opsy 🔀 and that an this basis, death in my opinion	
resulted fram: Natural causes 🗵 Accident 🗌 Suicide		
ACTUAL DEC.	CHIEF MEDICAL EXAMINER X	SIGNED
SIGNATURE M.D.	ACCICTANT MEDICAL EYAMINED	. SIGIALD
EXAMINER'S Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER   8/2/71	
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CHMETERY OF EMOVAL (Specify)	CLEMATORY 24D-19 CATION (City, town, or county)	(State)
Burial 8-6-71 Appulus	Men. 12. Dal timore Ill	d
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS	TOP
AUG 4 1970 Robert E. Jarben M.D.	Mag town Duot F.H. MAIL	Aurone
S 151-PEV 3/1/68		PALL CALL



VS 150-REV. 1/1/68



25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

AUG 4

13A

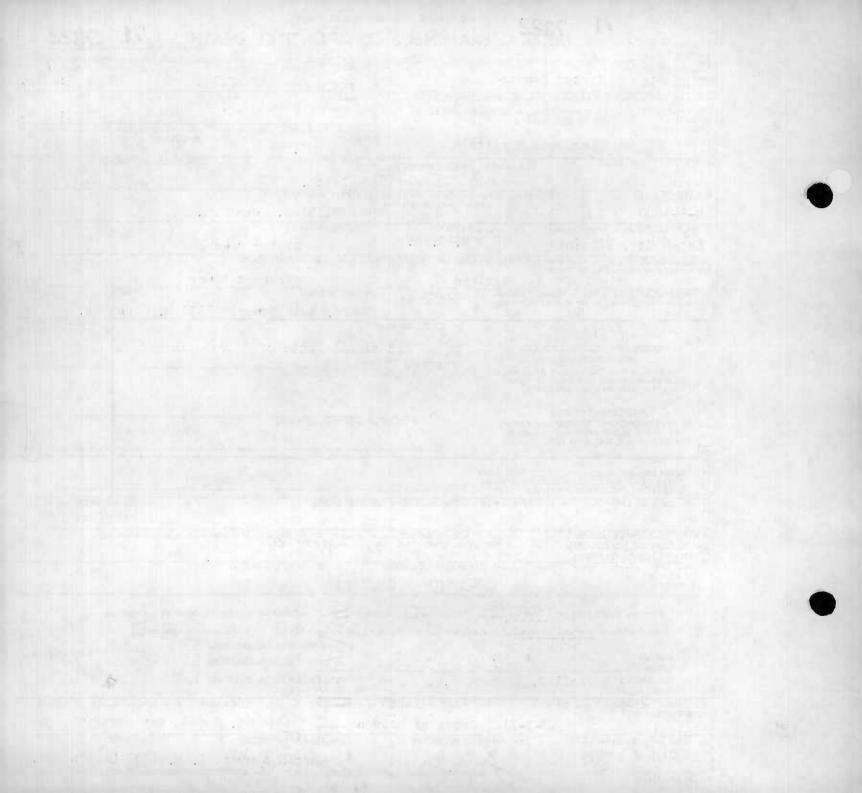
Robert E. Jacker M.D.

VS 151-REV. 7/1/6B

25C. FUNERAL DIRECTOR

ADDRESS

Morton & Dyett F. H. 1701 Laurens St.

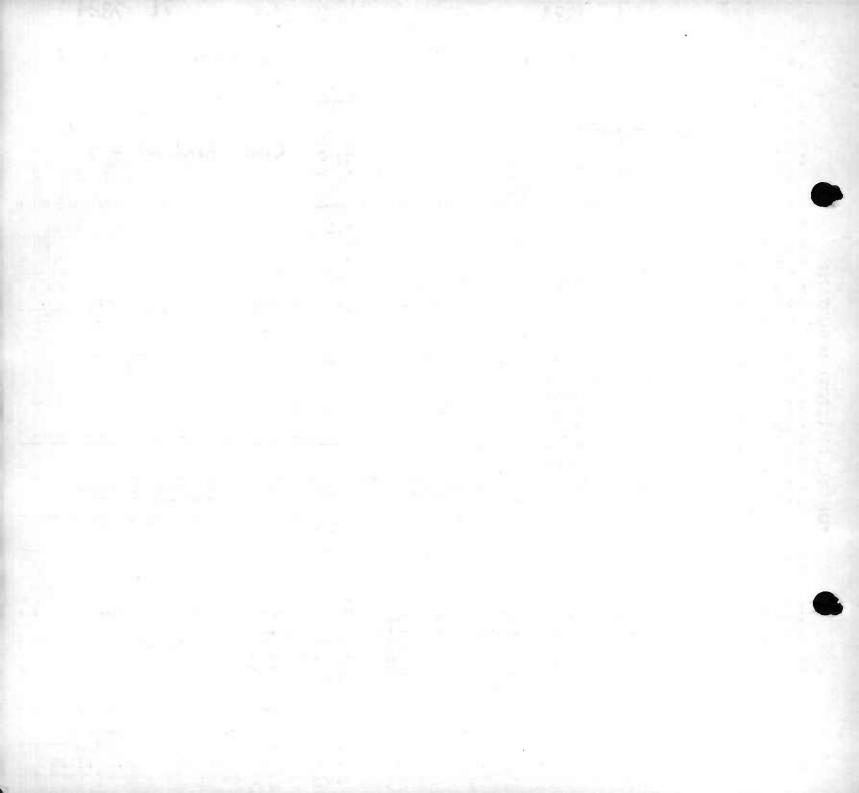


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

1	7 00	71 7:	202	BALTIMORE CITY	HEALTH DEPARTMENT		14
BIR	TH NO.	O 1 E 10	360	CERTIFICA	TE OF DEATH	REG. NO.	7323
1. N	AME OF DEC	ELL QUICK,	WILL	.IAM		ST 1, 1971	7:05A M.
3.	PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PRO	NOUN CED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If inst	itution: residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPIT	TAL OR INS	STITUTION, GIVE STREET	MD.	,	2006
IN:	NOUTUTE				BALTIMORE		YES NO
L		AGNES HOSP CENS & CATO		c	E. STREET AND NUMBER		110
_	BALT	IMORE, MAR	YLAND	21299	11 NORTH AB	INGTON AVE	•
5. \$	1A LE	6. RACE		ED NEVER MARRIED		9, AGE fin years lost birthday)	Months Days Hours Min.
		NE GR O	WIDOW	OF BUSINESS OR INDUSTRY	08 12 55	15	12, CITIZEN OF WHAT COUNTRY?
	e during most of	working life, even if retired)		OF BUSINESS OR INDUSTRE		gn county)	
12	STUDEN				MAR YALA ND	AE .	U.S.A.
130	LWINEK 3 NW		VOL				
15.1	Was Decased	MOSE QU		IT 6- SOCIAL	ZETTA STRA	AHAN	ADDRESS
(Yes		Ever in U. S. Armed Fo	es of service	SECURITY NO.			
	NO			CAUSE OF DEAT		CORDS WILKE	NS & CATON AVES.
	18. O T	SE OF CONDITION D	DECTI V	CAUSE OF DEATH		. 00	BETWEEN ONSET AND DEATH
	Distri	LEADING TO DEATH		(A)IMMEDIATE CAU	SE HUSelli	ix Com	a
	This does t	not mean the mode of osthenia, etc. It means	dying, e	DITE TO, OR AS	A CONSEQUENCE OF:		
1		aplication which caused		<b>b</b> . 1	ble acute all	sanhe Valle	h4/
		ANTECEDENT CAUSES	5	(B) 1-025U	ry acute w	oping, jeun	in .
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A rise to the above cause (A) staling the				A CONSEQUENCE OF:	rofinera	res
		3 CONDITION last.		(c) 090	of 11 graces	<i>()</i> <sup>1</sup> ·	
Z		11		ш			
OL	TO THE DEAT	ICANT CONDITIONS CO	THE TERMIN				
ICA	19A. DATE OF	ONDITION GIVEN IN PA	NOITION FO	OR WHICH OPERATION	20A. AUTOPSYR ITes or No	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
ERTIFICATION	0		RPORMED		NO		
CAL C	OR CONTRIBI	NT WAS UNDERLYING [ JTING CAUSE OF medical examined		21B. PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(II In Boltimore	City, give exact location)
EDIC	21D. TIME	(Month) (Doy) (Year)	Houd	21 & INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
Z	(APPROX.)			While At Work Not While At Work	• 🗆 📗		
	22. I certify	that (M (this hospita	il) ottende	d the deceased from 11		19 71 to AL	IGUST 1 19 71
		.,,,		n AUGUST 1		ot In (my) (our) opin	Ion death occurred on the date
	ond hour on	d from the couses sto	eted oboye	。(() (We) (did) (資度) ())	lew the body ofter death.	•	
	23A. SIGNATI		2/1	11			23B, DATE SIGNED
	AN	MIC	(SI	DEGREE Phy	mding Med. Director	Staff Phys.	08/01/71
	AME (	(voe)			23D. ADDRESS		
	IV S	AN PEDRO S	ERGIC	MD DEGREE	ST AGNES HOS	SPITAL BALT	TO MD 21229
24	REMOVAL	MATION, 248 DATE	- /240	NAME OF CEARFERY OF CR	EMATORY 24D	OCATION (City	, town, or county) (State)
	1-5-	11 Duri	12/5	St- I home	6 GMG DA	Altimore	, me I
25	ALLO A	1971 Robert	258 NA	NE OF REGISTRAR	250 FUNERAL DIRECTOR	1) cott	ADDRESS S
	AUG 4	Ballion as		7 0	a My Ofon TS	I your.	- 11.11/11-144Wer
A 2	150-REV. 1/1/	00	11	1	P.	/	

ENGLANDED OF F HARDEN

11) 10/11 7324	BALTIMORE CITY	Y HEALTH DEPARTMENT	71 7324
BIRTH NO.	CERTIFICA	TE OF DEATH REG. N	0
1. NAME OF DECEASED Wells	Edith M.	2. DATE AND HOUR OF D	44. 7h A A
3. PLACE IN BALTIMORE, MARTLAND, WHERE P	RONOUNCED OEAD	4. USUAL RESIDENCE (Where deceased live	d. If institutions residence before admirsion)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATIONI INSTITUTION	INSTITUTION, GIVE STREET	Baltimore, Mol.	SALTO 5
Sinai Hoppital , he	lucture Avenue	Ballimar	YES NO 1
at Greenspring, Baltimo	u, Md 21215	E. STREET AND NUMBER TILO RECUMP BOOK	nd pd # 7
4000010 2112	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH   9. AGE (in year last birthday)	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, Kildone during most of working life, even if refired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
jone during most or working are, even a remost		Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
James H. Wood		Elizabeth Downs	
15. Was Decaused Ever in U. S. Armed Forces?	1 & SOCIAL	17- INFORMANT	ADDRESS 21228
(Yes, no or unknown) (If yes, give war or dates of se	215-12-5451	Mrs. Elizabeth Hazard	5931 Charwwood Rd.
18.4/12 2 1	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA	USE Aprile least la	ilure 12 hrs
(This does not mean the mode of dyling, heart failure, asthenia, etc. It means the di-	DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which caused death.			
ANTECEDENT CAUSES	on A Her	as clustoc feart disea.	re years
DISEASES OR CONDITIONS, if any,	DUE TO, OR A	S A CONSEQUENCE OF:	
rise to the above cause (A) stating			
ONDERLING CONDITION ISSE	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED TO THE TERM OF THE TERM DISEASE OR CONDITION WAS PERFORMED TO THE TERM OF THE TERM DISEASE OR CONDITION WAS PERFORMED TO THE TERM OF THE TERM OF THE TERM DISEASE OR CONDITION WAS PERFORMED TO THE TERM OF			
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 208, IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED
WAS PERPORME	no	IN CERTIFIEN	IG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21 B. PLACE OF INJURY (a.g.,	In or about 21C. WHERE DID (II In B	Soltimore City, give exact location)
21D.TIME (Month) (Doy) (Year) (House	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At   Not Wh	ile [ ]	
	THOIR CONTRACTOR		8/3 10/1/
22. I certify that (I) (this hospital) atter		8 - 2 1971 to	19 /
that (I) (we) last sow the deceased aliv		-3 19 71 and that In(my) (au	ir) opinion deeth occurred on the det
and hour and from the causes stated abo	ve. (I) (We) (did) (did nat)	view the bady after death.	23B DATE SIGNED
23A. SIGNATURE	11 D A	tending Med. Staff	8-3-7/
work some	DEGREE Ph	ys. Director L. Phys. L.	8-3-11
23C. PHYSICIANS 9 R 1800 K 60	ONSUE, M.D	23D. ADDRESS Sina Hospilal	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C.NAME el CEMETERY of CI	REMATORY 24D. LOCATION	(City, town, or county) (State)
Burial 8/6/71	Druid Ridge	Baltimore	, Maryland
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
ALICE TOTAL OLGER	Ben M.D. 1 1	Witzke, 1630 Edmo	ndson Ave. 21228
VS 150-REV. 1/1/68			



FUNERAL DIRECTOR:

M			BALTIMORE CITY	HEALTH DEPARTM	IENT	
BIRTH NO.	0 71 '	7325	CERTIFICA	TE OF DEA	TH REG. NO.	4 7325
1. NAME OF DEC		F. Mey	ers	2. 0	DATE AND HOUR OF DEAT	H
3. PLACE IN BAL	TIMORE, MARYLAND			4 USUAL RESIDENCE	CE (Where deceased lived, If	institution: residence before admission
FULL NAME OF	(IF NOT IN HO	SPITAL OR INS	TITUTION, GIVE STREET	A. STATE B	Baltimore	2536
HOSPITAL OR	ADDRESS OR L	OCATION)	monon, Give Sirect	C. CITY OR TOWN		ISIDE CITY LIMITS?
100	120 Stor	ecroft	Road	Baltimore		YES NO
00				E. STREET AND NU		
- SEX	6. RACE	7. SAA DOVE	D W MEYER MARKED	8. DATE OF BIRTH	croft Road	
Male	White	WIDOW	DIVORCED DIVORCED	June 21, 19	last birthday)	Months Doys Hours Min.
OA. USUAL OCC	UPATION (Give kind of	work 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNTS
Retire	working life, even if retire	B &	O RR	Japan		
3. FATHER'S NA	30	1 2 4	- 141	14. MOTHER'S MAID	DEN NAME	
Dr. T.	T. Meyers			Susa		
Was Deceased	Ever in U. S. Anned	Forces?	1 6 SOCIAL	17. INFORMANT		ADDRESS
Unknown.	(If yes, give wor ar	noies of Service	SECURITY NO. 705-07-4979	Mrs. Jean	Meyers 120 St	onecroft Road 2122
18. 4/ //	0.01		CAUSE OF DEAT		releta TYO O	APPROXIMATE INTERVAL
DISEAS	E OR CONDITION	DIRECTLY				BETWEEN ONSET AND DEA
	LEADING TO DEAT	TH	(A) IMMEDIATE CAU	SE/ / P ena	Thurbon's	Ball Interland
heart failure.	ashenio, etc. Il med	ons the disease	0			
injury or com	plicalian which caus	sed death.)	$\Omega$	0 41	94	
1	ANTECEDENT CAUS		(B) Cher	Ocleir.	Selevan	leston
DISEASES C	R CONDITIONS, above cause (	if any, givin	DUE TO, OR AS	A CONSEQUENCE OF	*	
	CONDITION lost.	or alumny in	(c) (c)	<u> </u>		
,	11					
: TO THE DEAT	ICANT CONDITIONS (	THE TERMINA	Dorha	· pers	Deserse	annes 15th
DISEASE OR C	ONDITION GIVEN IN I	PART 1 (A).	R WHICH OPERATION	120 A. ALIYODEV2 IV	S O(No) DOR IE VEC MES	SINDINGS CONTRACTOR
19A. DATE OF		ERFORMED		Adiorsi / Ite	No. 18 16 YES, WERE	AUSES OF DEATH?
OR CONTRIBLE	IT WAS UNDERLYING	2	1B. PLACE OF INJURY (e.g., Ir ome, lorm, foctory, street, of	or about 21 C. WHERE	DID (If in Boltime	ore City, give exoct location)
DEATH Inotify	medicol exomined	e	ic.)	ice ping, INJUKT OC	CU K!	
21 D. TIME	[Month] (Doy) (Yes	oil (Haud 2	E INJURY OCCURRED	21F. HOW D	DID INJURY OCCUR?	
(APPROX.)		V	Vhile At Not While At Work			
22. I certify	that (1) (this hospi		the deceased from	12/ 20	1962 10	8/ 3 103/
	last saw the decea			19 7 /		Union death occurred on the day
			(I) (Wa) (did) (diduser) v	ow the hade after -	dent	mun death occurred an the dat
23A. SIGNATU	RE		., ,, (,, (,	on the Bady offer (	MAN 1(10	23 B. DATE SIGNED
( le	- K C2	lin-	Dhue	Med.	Staff Phys.	V/3/1
23C. PHYSICIA NAME (T)	N'S	1 7	DEGREE	3D. ADDRESS	— глуз. —	1 0 11
I TANE (1)	Dr. Cliff	Ratliff		4605 Edmon	ndson Avenue	
A. BURIAL CREA	MATION, 248, DATE	24C.	NAME of CEMETERY OF CRE	MATORY	24D. LOCATION (C	City, town, or county) (State)
Burial	8/5/7		adowridge		Howard County	
A. DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS
AUG 5	1971 Rober	BE. Jan	WAR O		30 Edmondson A	venue 21228
S 150-REV. 1/1/6				-1-41-11-	(t)	

June 21, 1900

Retired Attnd. B&ORR

Dr. T. Meyers

Japan

Susan

705-07-4979 Mrs. Jean Meyers 120 Stonecroft Road 21229

FUNERAL DIRECTOR:

BIRTH NO.  3 71 7326 CERTIFICATE OF DEATH  REG. NO. 71 7326  CERTIFICATE OF DEATH  REG. NO. 71 7326  CERTIFICATE OF DEATH  REG. NO. 71 7326  REG. NO. 71 7326  REG. NO. 71 7326  CERTIFICATE OF DEATH  REG. NO. 71 7326  REG. NO. 71 7436  REG. NO. 71 7326  REG. NO. 71 7326  REG. NO. 71 7436  REG. NO. 71 7326  REG. NO. 71 7436  REG. NO. 71	ler 24 I
1. MARE OF DECEASED (Type or Print)  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  S. SEX  6. RACE  WIDOWED  10A USUAL OCCUPATION (Give kind of work 108, kind of Business or Industry)  10A USUAL OCCUPATION (Give kind of work 108, kind of Business or Industry)  10A USUAL OCCUPATION (Give kind of work 108, kind of Business or Industry)  10A USUAL OCCUPATION (Give kind of work 108, kind of Business or Industry)  10A USUAL OCCUPATION (Give kind of work 108, kind of Business or Industry)  10A USUAL OCCUPATION (Give kind of work 108, kind of Business or Industry)  10A USUAL OCCUPATION (Give kind of work 108, kind of Business or Industry)  10A USUAL OCCUPATION (Give kind of work 108, kind of Business or Industry)  10A USUAL OCCUPATION (Give kind of work 108, kind of Business or Industry)  10A USUAL OCCUPATION (Give kind of work 108, kind of Business or Industry)  10A USUAL OCCUPATION (Give kind of work 108, kind of Business or Industry)  10A USUAL OCCUPATION (Give kind of work 108, kind of Business or Industry)  10A USUAL OCCUPATION (Give kind of work 108, kind of Business or Industry)  10A USUAL OCCUPATION (Give kind of work 108, kind of Business or Industry)  10A USUAL CEDICAL (Word of Work 108, limitation residence before R. COUNTY  11B BIRTHPLACE (Sible or foreign fountry)  12C CITIZEN OF WHAT  13. Was Deceased Ever in U. S. Armed Forces?  14. MOTHER'S MAIDEN NAME  15. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL (S. OCCIAL (S.	ler 24 I
2. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSTITAL OR INSTITUTION, GIVE STREET  FULL NAME OF ADDRESS OR LOCATION)  BOD SECURES HOSPITAL OR INSTITUTION, GIVE STREET  C. CHY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  E. STREET AND NUMBER,  S. SEX  O. RACE  T. MARRIED NEVER MARRIED DIVORCED  DIVORCED  10. USUAL OCCUPATION (Give kind oil work) 108, KIND OF BUSINESS OR INDUSTRY  Odne during most of working life, even it refired)  NUMBER  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Was Deceased Ever in U. S. Armed Foices?  (Yes, no or unknown) (If yes, give war or doles of service)  16. SOCIAL  SECURITY NO.  17. INFORMANT  APPROXIMATE  B. COUNTY  B. COUNTY  D. INSIDE CITY LIMITS?  YES NO  C. CHY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  If Under 1 Yr., If U.,  Months; Doys  Hours  12. CITIZEN OF WHAT  LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  APPROXIMATE  BETWEEN ONSET  APPROXIMATE  BETWEEN ONSET  APPROXIMATE  BETWEEN ONSET	ler 24 I
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  ADDRESS OR LOCATION)  BOD SECURES HOSPITAL  C. CRY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  C. CRY OR TOWN  D. INSIDE CITY LIMITS?  NO  E. STREET AND NUMBER  J. AGE (in years if under 1 Yr. If Under	ler 24 I
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  ADDRESS OR LOCATION)  S. SEX  S. SEX  S. RACE  T. MARRIED  NEVER MARRIED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  10. INSIDE CITY LIMITS?  YES  NO  L. STREET AND NUMBER  3. DATE OF BIRTH  P. AGE (in years of under 1 Vr. If Ur. Months; Days Hours done during most of working life, even it refired)  NUMBER  10. AUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY)  NO  NUMBER  11. BIRTHPLACE (Sible or larging country)  12. CITIZEN OF WHAT  LAST AND NUMBER  14. MOTHER'S MAIDEN NAME  15. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) (If yes, give war or doles of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  CAUSE OF DEATH  CAUSE OF DEATH  LEADING TO DEATH  (A) IMMEDIATE CAUSE  A STATE  B. COUNTY  MARY LAND  C. CHY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  NO  L. AND LAND  NO  L. HORRITAN  ADDRESS  APPROXIMATE  BETWEEN ONSET  APPROXIMATE  BETWEEN ONSET	ler 24 I
ADDRESS OR LOCATION INSTITUTION GIVE STREET  ADDRESS OR LOCATION GIVE STREET  ADDRESS OR LOCATION INSTITUTION, GIVE STREET  C. CHY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  C. CHY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  L. STREET AND NUMBER  S. STREET AND NUMBER  B. STREET AND NUMBER  J. AGE (in years if Under 1 Yr. If	
D. INSIDE CITY LIMITS?  YES NO  E. STREET AND NUMBER  S. SEX  6. RACE  7. MARRIED  NEVER MARRIED  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	
5. SEX  6. RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  FOR WIDOWED DIVORCED 125 09  100A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL  SECURITY NO.  17. INFORMANT  ADDRESS  18. 4 7 0	
5. SEX  6. RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED 125 09  10 A USUAL OCCUPATION (Give kind ol work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  NURSING ASSISTANT  NURSING ASSISTANT  HOSPITA 14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. Wos Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) (Uf yes, give war or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  APPROXIMATE  CAUSE OF DEATH  OISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying eq. (A) IMMEDIATE CAUSE  APPROXIMATE  BETWEEN ONSET	
MARRIED NEVER MARRIED S. DATE OF BIRTH  WIDOWED DIVORCED J2509  10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  NURSING ASSISTANT HOSPITAL  NAPOLEON WRIGHT 17. If Under 1 Yr. Hours  12. CITIZEN OF WHAT  LEORGIA WYGUSTAN  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  18. 4 7 7 0	
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100. USUAL OCCUPATION (Give kind of work) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) (If yes, give war or doles of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  APPROXIMATE  18. 4 7 7 0	
DURS ASSISTANT HOSPITAL CEORGIA (LUGINSTA) USA.  13. FATHER'S NAME  NAPOLEON WRIGHT  15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (III yes, give war or doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  18. 4 7 7 0   CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying e.g. (A) IMMEDIATE CAUSE As an Albertia due to	COUN
NURSING ASSISTANT HOSPITA CEORGIA (LUGINSTA) U.S.A.  13. FATHER'S NAME  NAPOLEON WRIGHT  15. Wos Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dving or a constant of the cons	
13. FATHER'S NAME  NAPOLEON WRIGHT  15. Wos Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) (If yes, give war or doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  APPROXIMATE  BETWEEN ONSET  LEADING TO DEATH  (This does not mean the mode of dying e.g.  (A) IMMEDIATE CAUSE As an Albanya due to	
DAPOLEON WRIGHT  15. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  APPROXIMATE BETWEEN ONSET  LEADING TO DEATH  (This does not mean the mode of dving, e.g., (A) IMMEDIATE CAUSE A MAIDEN NAME  (B) IMMEDIATE CAUSE A MAIDEN NAME  (A) IMMEDIATE CAUSE A MAIDEN NAME  (B) IMMEDIATE CAUSE A MAIDEN NAME  (B) IMMEDIATE CAUSE A MAIDEN NAME  (B) IMMEDIATE CAUSE A MAIDEN NAME  (C) ENEVIEVE STEWART  (C) ENEVIEVE STEWART  (A) IMMEDIATE CAUSE A MAIDEN NAME  (B) IMMEDIATE CAUSE A MAIDEN NAME  (B) IMMEDIATE CAUSE A MAIDEN NAME  (C) ENEVIEVE STEWART  (C) ENEVIEWED  (C) EN	
18. 4 7 7 0   CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dving e.g.  (A) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (C) IMMEDIATE	
18. 4 7 7 0   CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dving e.g.  (A) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (C) IMMEDIATE	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying e.g. (A) IMMEDIATE CAUSE A x in Home A due to	
18. 4 7 0   CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying a g. (A) IMMEDIATE CAUSE for the state of the	
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying e.g. (A) IMMEDIATE CAUSE As an House Aug. Fo	
LEADING TO DEATH  (This does not mean the mode of dying e.g. (A) IMMEDIATE CAUSE As yet Housing due to	NTERVA
(This does not mean the mode of dying e.g. (A) IMMEDIATE CAUSE As yet House A due to	IND DE
Trins upes hot mean the mode of dying e.g.	
injury or complication which caused death.)	
ANTECEDENT CAUSES Failure	
DISEASES OR CONDITIONS, if ony, giving  Oue 10, OR AS A CONSEQUENCE OF:  Oue 10, OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
U 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OSTATION	
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II In Baltimore City, give exect location)	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., INJURT OCCUR?	
OF IN THEY	
(APPROX.) While At Work At Work	
22. I certify that (1) (this hospital) attended the deceased from July 1/6/2/ 19 2/ to Aug. 12	
The state of the s	21
that (1) (we) lost sow the deceased alive on Aug 2 2 19 7 and that in (my) (our) opinion death occurred on	the d
ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.	
23A, SIGNATURE 23B, DATE SIGNED	
23G. PHYSICIAN'S  DEGREE Phys. Director Phys. A Aug. (2)	/
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	
THE. S. AHN. M. D. DEGREE BON SECOURS HOSD, BAI	
44. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	11
a 6/1/21 De butus in in the n start	(Stotal
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C ELINERAL DIRECTOR	(Stote)
AUG 5 177 Robert C. Sales R. A. 25C. FUNERAL DIRECTOR ADDRESS	(Stote)
	(Stote)

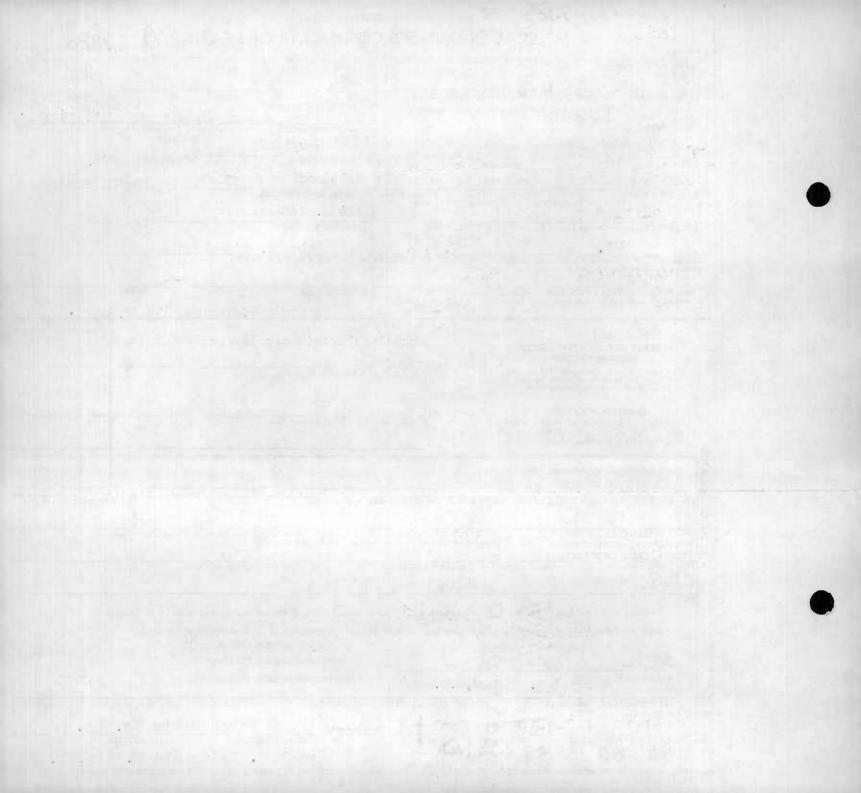


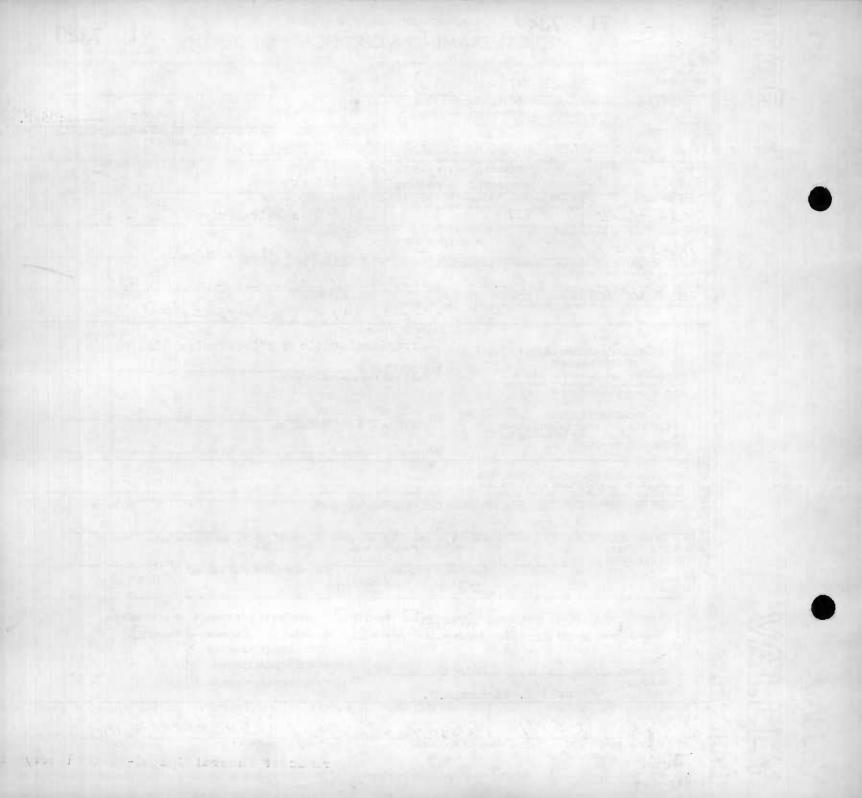
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
Z	dire dy (4) ith on th
RTA	ssiste the kin dea
MPO	his a so, if of any unced tendo
:: 1	r. All ture ronour
FUNERAL DIRECTOR: IMPORTANT	mine mine v frac ho p egulo
IREC	exa (3) A in v in r
4	edical dical urns; ysicic was
IERA	ief mandy by be by be by ician
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	by the pital whe whe
	oved e hos r natr cept nd (6
	appr to the of any il (ex t); all
	ased ased lent cospited
	e mu rele accid a ho or to
	ificat was ) An A. al i pric
	ws: (1 D.O
	This the showas was

	1/-11	Print B		BALTIMORE CITY	HEALTH DEPARTMENT		PULL INCOME
BIR	7-024 TH NO.	71 73	327	CERTIFICA	TE OF DEATH	REG. NO	71 7327
1. N (Ty	Pe or Print	ED		· · · · · · · · · · · · · · · · · · ·	2. DATE AND	HOUR OF DEATH	-00
-	, Eve.	Lyn M Hin	kle		Aug 3	1,1971	7 PN
3.	PLACE IN BALTIM	ORE, MARYLAND, W	HERE PRONOI	UNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in Y.	stitution: residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland	-	2144
IN	NOITUTION	ADDRESS OR LOCA	A HONE		C, CITY OR TOWN	D. INSI	DE CITY LIMITS?
1					Baltimore		YES NO NO
1	) A 3018	Hamilton	A === 0		E. STREET AND NUMBER		
5. 3		ACE			8. DATE OF BIRTH 19.	AGE (In years	
1	Temale	White	7. MARRIED WIDOWED		Jan. 9, 1909.	st birthdoyl 62	Months Doys Hours Min.
					11. BIRTHPLACE (Stole of foreig		12. CITIZEN OF WHAT COUNTRY
don	e during most of work! Retired O	ng life, even if relired)		ovt.		ii cooniiy,	
12	FATHER'S NAME	terk	0.0		Oklahoma		U.S.A.
					14. MOTHER'S MAIDEN NAM		0
		Hinkle				?	?
15. (Ye:	s, no or unknown! (If	r in U. S. Armed Foreyes, give war or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No				Dr. Robert Hink	le T	ulsa, Oklahoma.
	1B. 340	XI		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
		R CONDITION DIR	RECTLY		700 150 7	- 1 -	BETWEEN ONSET AND DEATH
		DING TO DEATH	dutas as	(A) IMMEDIATE CAU		socrosy	> 15 years
	heart failure, osth	enio, elc. il meons	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
		alion which caused	death.)				
		ECEDENT CAUSES		(B)		***************************************	•
	rise to the a	CONDITIONS, il d bove cause (A)	eny, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CO	ONDITION last	olumny into	(c)	***********************************		
_		11					
ATION	OTHER SIGNIFICAN	NT CONDITIONS CON	NTRIBUTING				
S	DISEASE OR COND	RATION 198 CON	T 1 (A).		100 4		
ERTIFIC	C DATE OF OFE	WAS PERF	ORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	INDINGS CONSIDERED ISES OF DEATH?
띖	21A. ACCIDENT W	AS UNDERLYING	218.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II In Rollings	City, give exact location)
CAL	OR CONTRIBUTING DEATH (notify med	AS UNDERLYING	hame etc.)	Be jarme joclory, street of	ice bldg., INJURY OCCUR?	hi ut pottutore	City, give exact location;
EDIC		onthi (Doy) (Yearl		INJURY OCCURRED	215 110111 -110 11111		
WE	OF INJURY	MAN (DOY) (reon		e At C Not While	21F. HOW DID INJU	RY OCCUR?	
	(APPROX.)		Warl	k L Al Work			
	/ 6			e deceased from	19	62 to 1	Mary 5 19 7 /
	that (I) (we) last	sow the decease	d olive on	3/2/7	19and that	in (my) (our) opin	ion death occurred on the date
		m the couses state	ed above√(i)	(did) (did nat) v	ew the body after death.		
	23A. SIGN ATURE		7				23R DATE SIGNED
	10	red /h	1130	DEGREE Phys	nding Med. Significant Signifi	haff nys.	8/2/7/
	23C. PHYSICIAN'S NAME (Typel			DEGREE	3D. ADDRESS	<del></del>	01-111
		George H	Beck M	.D.	6012 Harford F	Rd Baltime	re Md
24A	REMOVAL (Special	ON. 24B. DATE		ME of CEMETERY OF CRE	MATORY 24D. LO		, town, or county) (State)
C	remation	8/9/71	. Gree	enmount Cremat	orv	Baltimore,	Md -
25A	DATE REC'D BY		BR. NAME Q		25C. FUNERAL DIRECTOR	Jar Jamor C	ADDRESS
AL	IG D ISM	Caller & C.	ANTONIA .	25.	Leonard J. R.	ick Inc. I	Baltimore, Md
VS	150-REV. 1/1/68				THE THE WAY OF THE	AUR AIIU.	partimore, Md



M-620 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH REG. NO. 2228
BIRTH NO.	REG. NO.
	2. DATE Known Month Doy Yeor Hnur
(Type or Print)	OF Full cond [7]
MARY MEYERS	DEAM
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	August 1, 19/1 J.05 R.
	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
UNION MEMORIAL HOSPITAL	A. STATE Maryland B. COUNTY / 3 05
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MAKKIED ET IAFA EK MAKKIED ET	D-11:
Female   White   WIDOWED □ DIVORCED □	13,2 110,2
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Doys, Haurs, Min.	E. STREET AND NUMBER
2-11-98 73	814 W. 32nd Street
11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	Tolon C. When The
Ma. T.S.A.  14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	John G. Wheeler
done during most of working life, even if relified) i	13. MOTHER 3 MAIDER HAME
House Wife Home	
	18. INFORMANT ADDRESS
(Yes, na ar unknown) (If yes, give wor or dates of service)  SECURITY NO. 215-07-661	George H. Mevers 814 W. 32St.
	IBETWEEN ONSET AND DEATI
DISEASE OR CONDITION DIRECTLY Arterio	osclerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE C.	AHSE
(This does not mean the made of dulor on	S A CONSEQUENCE OF:
heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z CO	
ĬI II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or Na)
Ö	no
₹ 22A. EXTERNAL CAUSE WAS   1228.PLACE OF INJURY(e.g.,	in or about 22C, WHERE DID (II in Boltimare City, give exact lacation)
O INDERIVING TOP CONTRIB.   home, form, factory, street, office	bidg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE -
23.	OKK 🔲
I certify that I held an Inquiry Inspection X Aut	and that on this basis death in my coinion
resulted from: Natural causes X Accident Suicid	e Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL ACTUAL	ASSISTANT MEDICAL EXAMINER   DATE SIGNED
SIGNATURE M.D.	
EXAMINER'S Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER   8/2/71
Takin (Type)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	or Chemoton (City, town, or county) (State)
Burial 8-4-1971 Poplar Com	Waeen Balto Co. Md.
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
AUG 5 1979 Robert S. Jaber M.D.	
Hod o Dit onoco de desarros	Frank W. Seitz 814 W.36th.St.





VS 150-REV. 1/1/68

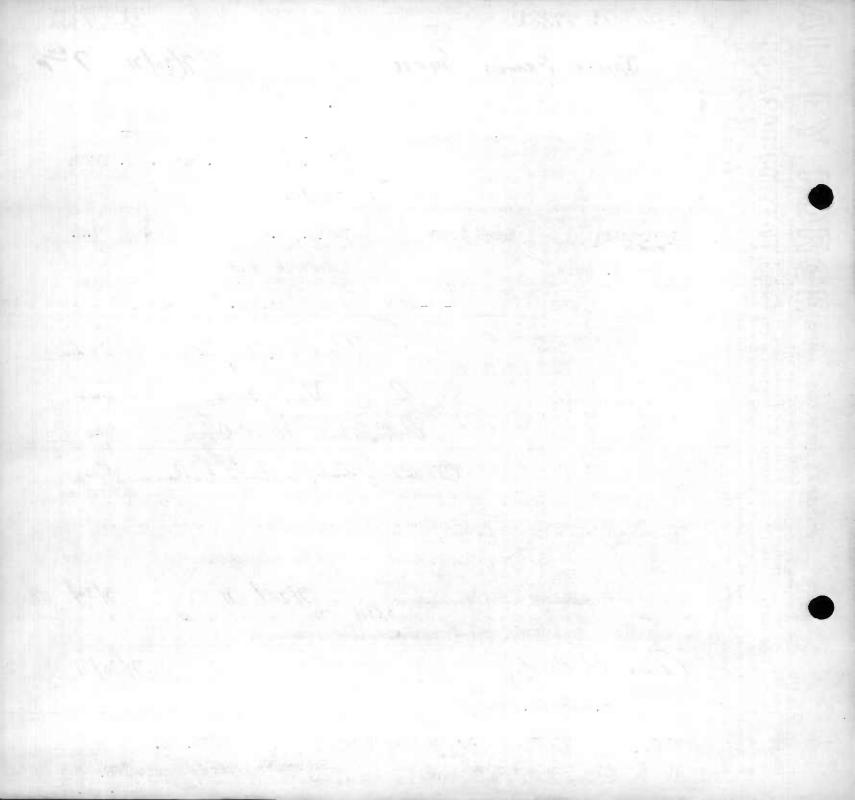
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- 10 / COS | 1 - - -

VS 150-REV. 1/1/6B



1	3 , n , BALTIMORE CI	TY HEALTH DEPARTMENT	
		ATE OF DEATH REG. No. 105	ביריניו א
	1. NAME OF DECEASED (Type or Print) 2 0 0 V S : 00 F Hall	2 DATE AND HOUR OF DEATH	4 /30/2
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY	M. in: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	Md.	712
	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY OF THE COLOR	_
	H2 h h a a V i a 2 2 N/O C	E. STREET AND NUMBER	NO
ade	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	1 8. DATE OF SIRTH 19. AGF (In vege	AVE
is made	TO M 210 W NITE WIDOWED TO DIVORCED TO	Aug 2. 1891 last birthdayl 70 Mani	nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
- uo	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTION done during most of working life, even it retired)		CITIZEN OF WHAT COUNTRY?
siti	Saleslady Woolworth & Co.	Balto. Md.	U.S.
spo		14. MOTHER'S MAIDEN NAME	
final disposition	Harry Daffin  15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	Emma Spinks	ADDRESS
fine	no 136-20-4	229 Charles Weber (cousin)	Ave. 2602 Southern
9	DISEASE OF CONDITION DIRECTLY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
med	LEADING TO DEATH	USE Terminal Browshe humm	me Vdan
balm	(This does not meen the made of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury at camplication which caused death.)	SACONSEQUENCE OF: Keart Fulus	
E a	ANTECEDENT CAUSES	4.50. V. Duran	?
are	rise to the above cause (A) stating the	S A CONSEQUENCE OF:	?
ins	UNDERLYING CONDITION last. (C)	Ehr. Blan Appellant	***
emo	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	1. 1.	?
the remains		20A.AUTOPSY7 Mes of No. 208. IP YES, WERE FINDING	
	WAS PERFORMED	IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
before	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., or CONTRIBUTING   CAUSE OF DEATH (notify medical examines)	In or obout 21 C. WHERE DID (If In Boltimore City, office bidg., INJURY OCCUR?	give exect location)
ained	21D. TIME (Month) (Doy) (Yeorl (Hour) 21E. INJURY OCCURRED  OF INJURY (APPROX.) While At Not Whi	21F. HOW DID INJURY OCCUR?	
otai	Wark L At Work		
e obt	22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last sow the deceased alive an	19 7 to	9 19 7
st b	and haur and from the causes stated above. (1) (We) (dld) (dld nat)	19and that in (my) (our) apin)6n device the bady after death.	and the date
must	23A. SIGNATURE	23 B, D	ATE SIGNED
DAG	23C. PHYSICIANS DEGREE Phy NAME (Type)	ending Med. Stoff Phys. 220. ADDRESS	
approval	JOSEPH S. PJLUIT	1115 N. CALVERT S	7
	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CR		or county! (State)
itten	burial 8/2/71 Mt. Olivet Ceme 25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	etery Balto. Mc	ADDRESS

Schimunek Funeral Homes, Inc. 3331 Brehms AUG 5 1971 VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

a hospital and

H-156	-		BALTIMORE CITY	HEALTH DEPARTMENT		M4 M000
BIRTH NO.	71 733	3	CERTIFICA	TE OF DEATH	REG. NO	71 7333
1. NAME OF DEC				2. DATE	AND HOUR OF DEAT	Н
3. PLACE IN BAI	Jam TIMORE, MARYLAND, 1	es Clif	ton Harman	II4 USUAL RESIDENCE (V	7/28/71	institution: residence before admissio
				A. STATE B. CO	UNITY	institution: residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTI ATION)	TUTION, GIVE STREET	Md.		2010
AA	522 N. Eas	+ Arm		Balto	D. IF	VSIDE CITY LIMITS?  YES X NO
00	JEE N. Mas	U AVE.		E. STREET AND NUMBER		
5. SEX	6. RACE				Ave. Balto.	. Md. 21205
M	W		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. Il Under 24 Hr Months! Doys Hours Min.
IOA, USUAL OCC	JPATION (Give kind of wor	WIDOWED	DIVORCED DIVORCED DIF BUSINESS OR INDUSTRY	4/2/83	1 99	
oone coming most of	working life, even if retired) - Artist				oroign country)	12. CITIZEN OF WHAT COUNT
13. FATHER'S NA		Conti	nental Can Co.			U.S.
				14 MOTHER'S MAIDEN N		
5. Wes Decesed	Phillip Harm		1 6. SOCIAL	Mary Beacr	aft	
	Ever in U. S. Armed For	s of servicel	SECURITY NO.			ADDRESS
no			220-12-6815 CAUSE OF DEATI		rman (wife)	same address
DISEASES Onise to the UNDERLYING	R CONDITIONS, if above cause (A) CONDITION last.	stating the	DUE IO. OK AS	SEMUNCARCH ACONSEQUENCE OF: OSCHWIC A CONSEQUENCE OF:	Heart ()i's	Pease
OTHER SIGNIFICATION THE DEATH	CANT CONDITIONS CO I BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	SE WEDLASSIAS	***************************************			
19A. DATE OF	OPERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examined	21 B horr etc.	PLACE OF INJURY (e.g., in ne, iarm, loctory, street, alf )	er about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(II In Boltime	ore City, give exoct location)
	(Monthl (Doy) (Year)		ite At Not White	21F. HOW DID II	NJURY OCCUR?	
that (I) (we)	last saw the decease	d alive on	he deceased from	956 ond	tathat In(my) (our) op	19
23A. SIGNATUI	IE DO	7	/ (mo) (ala) (ala flar) VI	aw the pady after death	•	23B, DATE SIGNED
23C. PHYSICHAI	7. 1 of	el y	DEGREE Phys.	Med. Director D	Staff Phys.	7/30/7/
NAME (Ty	Dr. Louis Vog	re7	- 3 3		+ Manamant G	+ m 00r'
AA BURIAL CREA	ATION, 24B, DATE		ME of CEMETERY OF CREA		t Monument S	t. 21.205 Sity, town, or county) (Stote)
buria	1 7/31/7	1	Gardens of Fai	th Cemeter	Balto.	
SA. DATE MEC'D	197 Page		OF REGISTRAR	25C. FUNERAL DIRECTO	9	ADDRESS S. Inc. 3331 Brohme

Homes,

Inc.

3331 Brehms

Office Art and the second seco 

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mention and speek

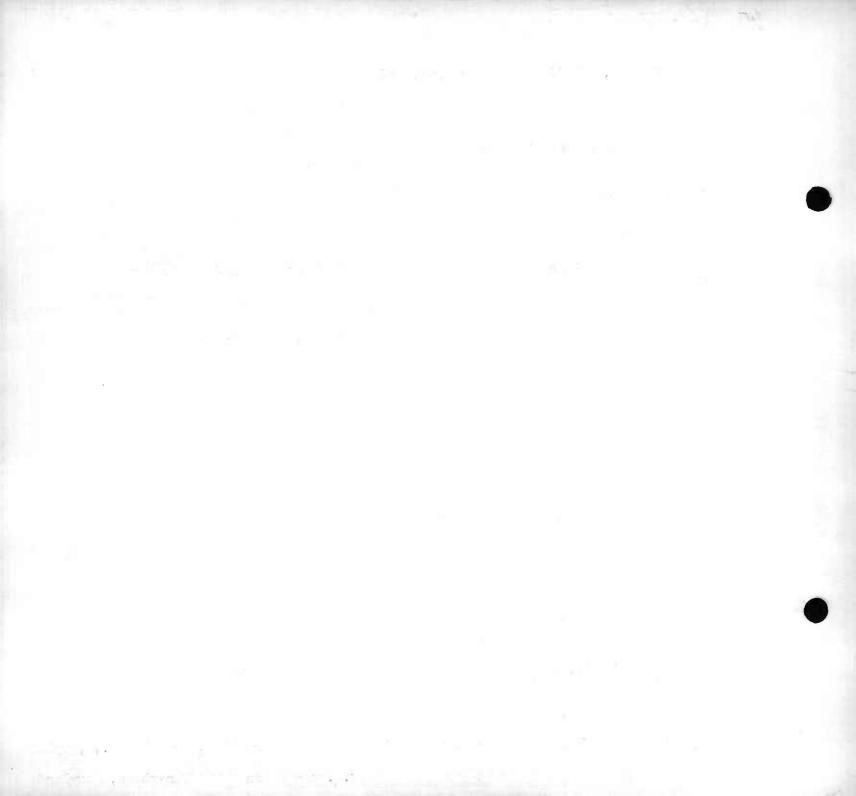
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition; IMPORTANT FUNERAL DIRECTOR:

	4-1112	71 73	0.4	BALTIMORE CITY	HEALTH DEPARTMEN	IT	74 2004	
	IRTH NO.		534	CERTIFICA	TE OF DEAT	H REG. NO.	71 7334	
	NAME OF DEC	0.11	///	,	2. DA1	E AND HOUR OF DEATH		
1 3		TIMORE MARYLAND, W	HERE BOOK	Olly of Drag	A	VGUST-3-19	7/1 7.30 AM.	
Ш			,		A. STATE B. C	(Where deceased lived, If is	nstitution: residence before admission)	
H	ULL NAME OF SOSPITAL OR NSTITUTION	ADDRESS OR LOCA	AL OR INST	TTUTION, GIVE STREET	Maryland		× 86 mm	
"		6011	TATE	HOSPITAL.	c.CITY OR TOWN  Baltimore	D. INS	IDE CITY LIMITS?	
	THONIE	012 420 -	7447C	worpina.	E. STREET AND NUMB	ER	YES X NO	
ıL	7/				4626 Manorde			
1		6. RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye , If Under 24 Hrs.	
1 -	Male	White	WIDOWE		11-6-1885	last birthdoy!	Months Doys Hours Min.	
do	one during most of w	PATION (Give kind of work rorking life, even il retired)	10B KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	Retired O		Penna	R. R. R.	Virgini	а	U.S.A.	
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME	U.U.A.	
			Holly		Char1	otte Mears		
15. (Ye	Wos Deceosed	Ever in U. S. Armed Fere Of yes, give war or date:	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	110-10	ADDRESS	
No		, , , ,		717-07-7906	MONTED.	ELLO STAT	E HOSPITAL.	
	18. / 8 5	X		CAUSE OF DEATH			APPROXIMATE INTERVAL	
		OR CONDITION DIR	ECTLY				BETWEEN ONSET AND DEATH	
		EADING TO DEATH I mean the mode of	alitata 190	(A) IMMEDIATE CAU	SE CARCINOMI	OF PROSTAT	E	
	heori forfure, a	sthenio, etc. It means lication which caused	the disease	DUE TO, OR AS A	CONSEQUENCE OF:		******************************	
		NTECEDENT CAUSES	deom.)	C/116/17	5/10/5/5.			
		CONDITIONS, if		(B)	A CONSEQUENCE OF:			
	rise to the	above couse (A)	iny, giving sloling the	DOE TO, OR AS	A CONSEQUENCE OF:			
	UNDERLYING	CONDITION last		(c) HKIEI	210 SCLEROS	15.		
Z	OTHER SIGNIFIC	 ANT CONDITIONS CON	ITDIDUTING					
ATION	TO THE DEATH	BUT NOT RELATED TO THE	E TERMINIAL	**************				
ERTIFIC/	19A-DATE OF	PERATION 198. COND	ITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes o	IN OUR IF YES, WERE F	INDINGS CONSIDERED	
ERT	0						ISES OF DEATH?	
L C	OR CONTRIBUT	WAS UNDERLYING	not	B. PLACE OF INJURY (e.g., in me, lorm, foctory, street, olfi	or obout 21C. WHERE DIE	(If In Baltimore	City, give exoci locotion)	
S	DEATH (notify in	nedicol exominer)	etc	)		•		
MEDICAL	OF INJURY	Month) (Doy) (Year)	(Hour) 216	INJURY OCCURRED		INJURY OCCUR?		
	(APPROX.)		1					
	22. I certify th	nat (1) (this hospital)	attended	he deceased from	4-30-	197/ to 8	7-5 107/	
	that (I) (we) I	ast saw the deceased	alive an	8-3	19 <u></u> 7/and		ian death accurred on the date	
	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
	23A. SIGNATURE	<i>(1)</i>	7				23 B. DATE SIGNED	
	/	Tiera		Attended Phys.	ding Med. Director	Staff Phys.	8-3-71	
	23C. PHYSICIAN NAME (Typ	S e)		23	D. ADDRESS			
	JOR6		XA	M.D.	2201 HKGON	NE UR. DAL	LTIMORE Ald.	
24A	REMOVAL (Spe	ATION, 248, DATE	24C.N	AME of CEMETERY OF CREA	AATORY 24D	LOCATION (City	, town, or county) (State)	
	Buria1	8-5-197	1 Mea	adowridge Cemet	ery	Washingotn Blue	d. Howard Co. Md.	
	ALIC E	- A	SB. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	OR DIV	ADDRESS	
_	AUG 5	94 Valent &	Jabe	AL U	Howard H. H	Hubbard, 4107	Wilkens Ave. 21229	
15	150-REV. 1/1/68							

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The server of the search of the server of th

S 220	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. Carrollo, 7335		TE OF DEATH	REG. NO	7335
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
STOTS KY BARRYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X Laurica Col	ena 8/1	121	1 9.50 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	UNCED DEAD	4. USUAL RESIDENCE (Whe A, STATE B, COUN	re deceased lived. If instituti	an: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	JTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE C	
38 UNIVERSITY HE	OS PITAL	JEFFERSON  E. STREET AND NUMBER	YES	П ио.
		RT. 1	在?	
5. SEX 6. RACE 7. MARRIED [ FEHALE WHITE WIDOWED]	NEVER MARRIED, DIVORCED	7/30 /7/	9. AGE (in years last birthday)  N.B. 2d. Mon	Under 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF		11. BIRTHPLACE (State or fare		CITIZEN OF WHAT COUNTRY?
done during mast al warking life, even if retired)		CARROLL CO. 1		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE	
TIMOTHY STOTSKY		is bit its Sopotx	Pamela Livesa	v
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn) (If yes, give war or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
/NO	SECURITY NO.	TIMOTHY STO	Jef	ferson
18, 17, 0, 0, 0,	CAUSE OF DEATH	111101119 010	TSKY T	11/ Med 2/955
DISEASE OR CONDITION DIRECTLY	GROSE OF DEATH	Deliarachner	Kemorhao.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	and Ateleita	210 . 1	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:	UN /	***************************************
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF:		
nise to the above couse (A) stating the UNDERLYING CONDITION last.	(c)	CONSEQUENCE OF		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 1				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A-AUTOPSY? (Yes or No.	208. IF YES WERE EINDIN	IGC CONCIDENTS
WAS PERFORMED Candiac Co	the Tenient?	1160	108. IF YES, WERE FINDING IN CERTIFYING CAUSES	OF DEATH?
To a contract the contract to	PLACE OF INJURY (e.g., in , form, factory, street, off	ar about 21C. WHERE DID ce bidg! INJURY OCCUR?	(If in Baltimare City,	give exact lacation)
21D. TIME (Month) (Day) (Year) (Haus) 21E,	INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
(APPROX.) While	At Work			
22. I certify that (I) (this hospital) attended the	e deceased from	1		19
that (I) (we) last saw the deceased alive an	***************************************	19and the		leath accurred an the date
and haur and from the causes stated above. (1)	(We) (did) (did nat) vi	ew the bady after death.	(	
S. Chitt Chang	HID DEGREE Phys.	ding Med.	Shoff 23 B, C	PATE SIGNED
23C. PHYSI CIAN'S NAME (Type)	DEGREE 2:	D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE 24C. NAI REMOVAL (Specify)	ME of CEMETERY OF CREA	AATORY 24D. LO	CATION (City, low	n, ar caunty) (State)
The specify	sville Cemete			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	Mala Darrot	L Co., Maryland
VS 150-REV. 1/1/68	744 O	C.Q.Fuss & So		own, Maryland



	-3/5 mg		BALTIMORE CITY	HEALTH DEPARTMENT	Per all	1000	
BIRT	-365 71 733	6	CERTIFICA	TE OF DEATH REG. N	10/1	7336	
1. N.	AME OF DECEASED			2. DATE AND HOUR OF E	SATU		
(Туре	e or Print)			8-2-71	PEAIN	. 11.50	
3. PI	Ada M. Strong LACE IN BALTIMORE, MARYLAND, WHERE	BRONIO	INICED DEAD			11:50	A .,
	THE IN PACIFICACE MARIEMAND, WHERE	PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	ed. If institution	residence before	odmis sion
	L NAME OF (IF NOT IN HOSPITAL OR	INSTIT	UTION, GIVE STREET	Maryland, Balti	mara	53	20
POH	L NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)		OHOLY OLVE STREET		INSIDE CITY	/ 1164TT¢2	
		. 1					7
Lif	St. Agnes Hospita	a L		Catonsville E. STREET AND NUMBER	YES	] ио 🛚	J
1	900 Caton Ave.						
	Baltimore, Md.			1723 Langford Rd.			
- SE	6. RACE 7. MA	ARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In you	rs If Un	der 1 Yr. If Un	der 24 Hrs
F	Female Cauc. WID	OWED	DIVORCED T	June 11, 1876 95	Month	Doys Hours	Min.
0A.1	USUAL OCCUPATION (Give kind of work 108 K	IND OF	BUSINESS OR INDUSTRY	11. RIPTHPI A CE (State of forces country)	110.6		
lone	during most of working life, even if retired)			The state of the grade of the grade country)	12. 0	ITIZEN OF WHAT	COUNTR
	Housewife	Home	maker	New York		U.S.A.	
3. F	ATHER'S NAME			14. MOTHER'S MAIDEN NAME		0.0	
	William S. Teasda			Sarah (unk	nown)		
5. W	os Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of se	leafue.	1 6. SOCIAL	17. INFORMANT		ADDRESS	
		STICE!	SECURITY NO.				
-	No I		266-01-5704	Mr. Raymond L. Strong	Same a	s #4.	
1	8.4/2.4		CAUSE OF DEATH			APPROXIMATE	INTERVAL
	DISEASE OR CONDITION DIRECTLY	1	anta:	1 1,		BETWEEN ONSET	AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAU	actualic Cardeor	os en	10 . 1	ON.
- 19	(This does not mean the mode of dying	e.g.,	DUE TO, OR AS	CONSEQUENCE OF:		92	
	heart failure, asthenia, etc. It means the di injury ar complication which caused death,	secse,		disia			
Ι.		ď				1	
	ANTECEDENT CAUSES		(8)			1	
1	DISEASES OR CONDITIONS, if any,	giving	DUE TO, OR AS	A CONSEQUENCE OF:			
n d	riso to the above cause (A) stating	g the					
L	UNDERLYING CONDITION last.		(C)				
ıГ	11						
5 9	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING	12/100	a suitaiti 1	01.4.0		1
	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	AINIAI	Siever	e murelunal	men	yea.	1 yr
	9A-DATE OF OPERATION 19B CONDITION	FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES.	WERE EINIGHTO	CONSIDERE	
CEKTIFICATION	WAS PERFORME	D	Translation	IN CERTIFYIN	G CAUSES OF	S CONSIDERED	
, P	TA. ACCIDENT WAS UNDESCRIPTION	1095		100			
- 10	TA. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF	hom	e form foctory street off	or obout 21 C. WHERE DID (If In 8 ice bldg., INJURY OCCUR?	oltimore City, g	Ive exact location)	
N D	PEATH (notify medical examiner)	elc.)	The state of the s				
5 2	1D-TIME (Month) (Doy) (Year) (Haus	) 21 F	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
<u> </u>	OF INJURY						
10	APPROX.)	Wor	le At Not While				
2	2. I certify that (I) (this hospital) atter	_		50 est 10 68 an	- A.	1011	1
				17	0111	1	9_7/
t	hat (I) (we) last saw the deceased ally	e an	~ Jugus	19and that In(my) (out	) opinion de	ath occurred or	the dat
a	and haur and from the causes stated abo	ve. (I	(We) (did) (did not)	aw the hady after death			
23	3A. SIGNATURE	^ ''	, () (aid) (aid iidi) 41	on the body diret death.	1.22		
Γ,			11, 2	dia / H.J	238, DA	TE SIGNED	
	James E, X	m	DEGREE Phys.	ding And. Staff Phys.		5/2/	71
23	3C. PHYSICIAN'S NAME (Type)		DEGREE	3D. ADDRESS		1-1	- /
	NAME TYPELT AND ES 15		Rando	1 120-	1/200.	D	
	VAMES		LOWE DECREE	3350 NOALIO, 1	WAT L	-11KE	. ~ ~
4A.	BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. N.A	ME of CEMETERY OF CREA	MATORY 24D. LOCATION	(City lown,	or county)	(Stote)
FA	Burial 8-6-71	So	uthern Memoria		ii, Fl	ordia	
IAC			FREGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
Ut	39 Master F. Jares	Les of	0 0	Wm. Cook-Brooks Tows	on Tre	Towers	Md
5 15	50-REV. 1/1/68			I WILL COOK BLOOKS TOWS	, on, the	· IOWBUII,	rid.
	A CONTRACT OF THE CONTRACT OF						

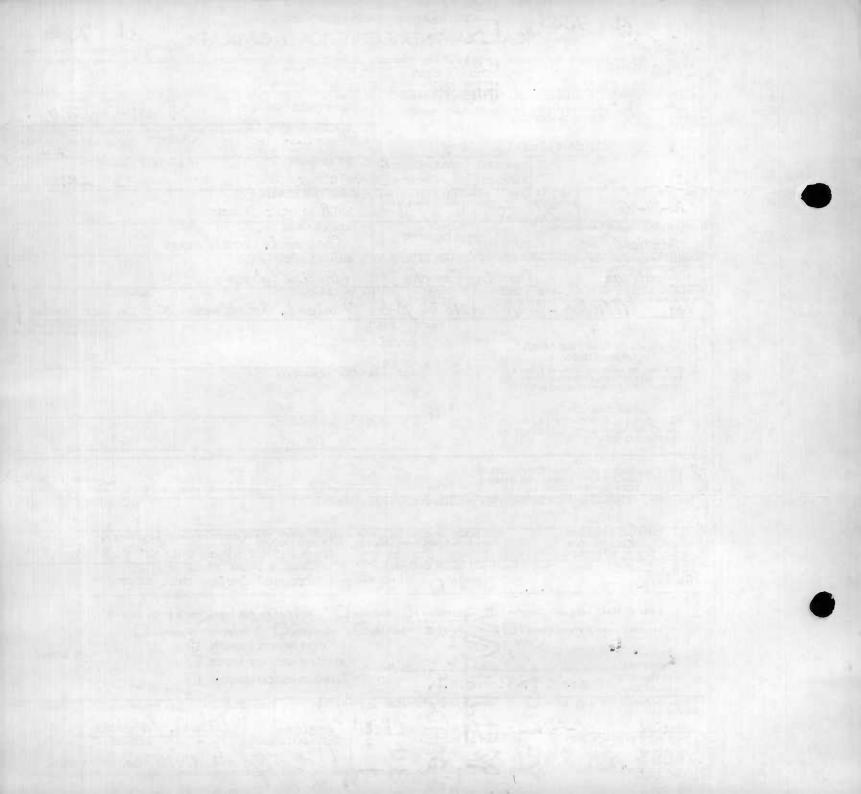
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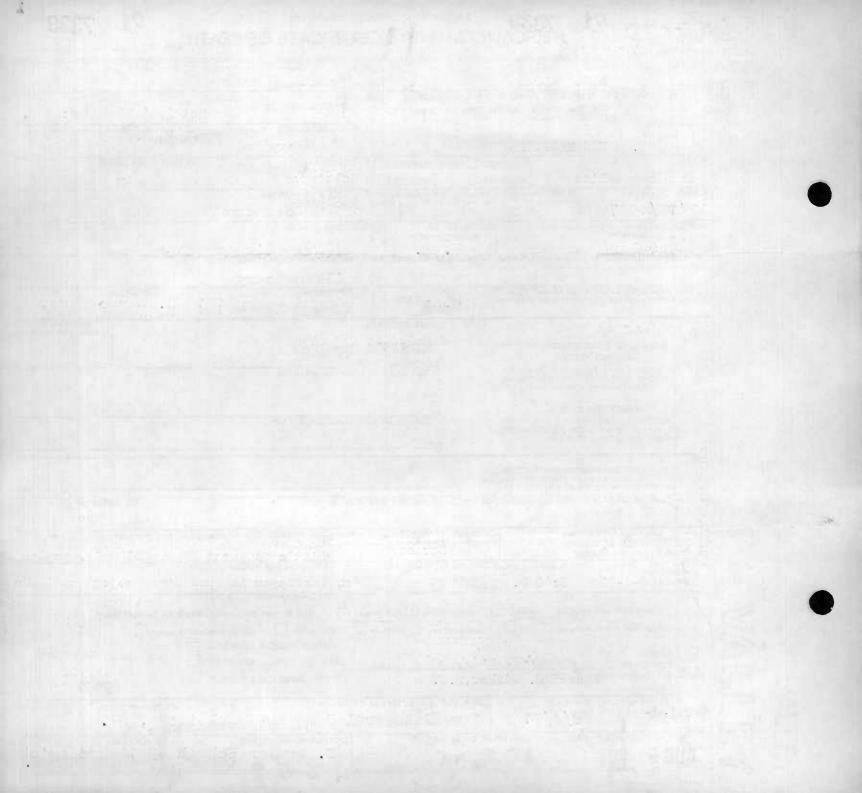
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

• 9/28/71-Passenger in auto • which struck another auto med siam office craphod.





DIRECTOR:

FUNERAL

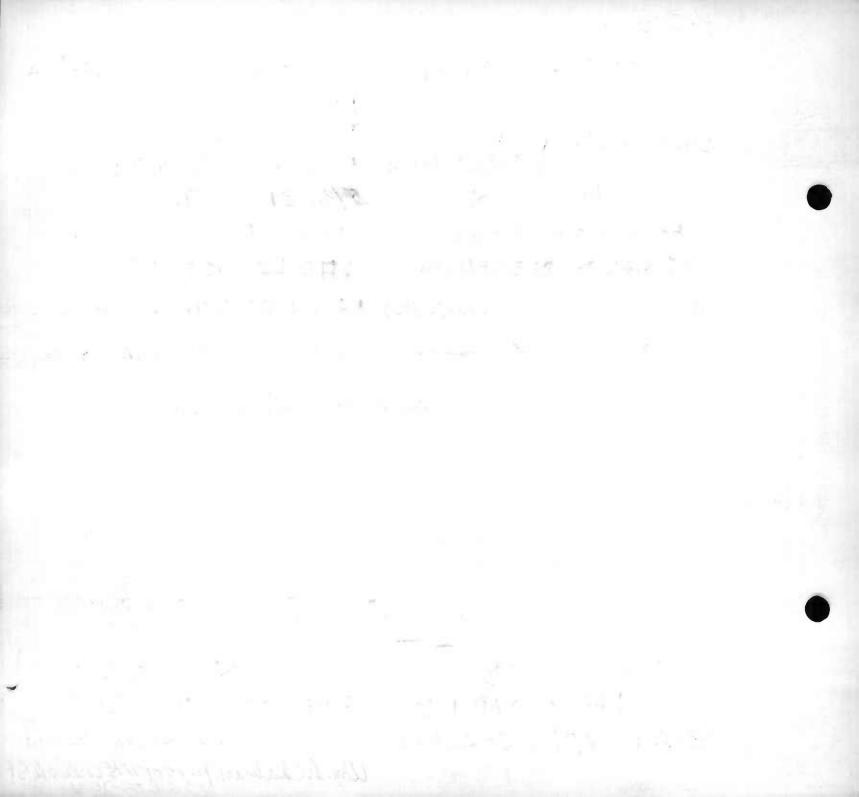
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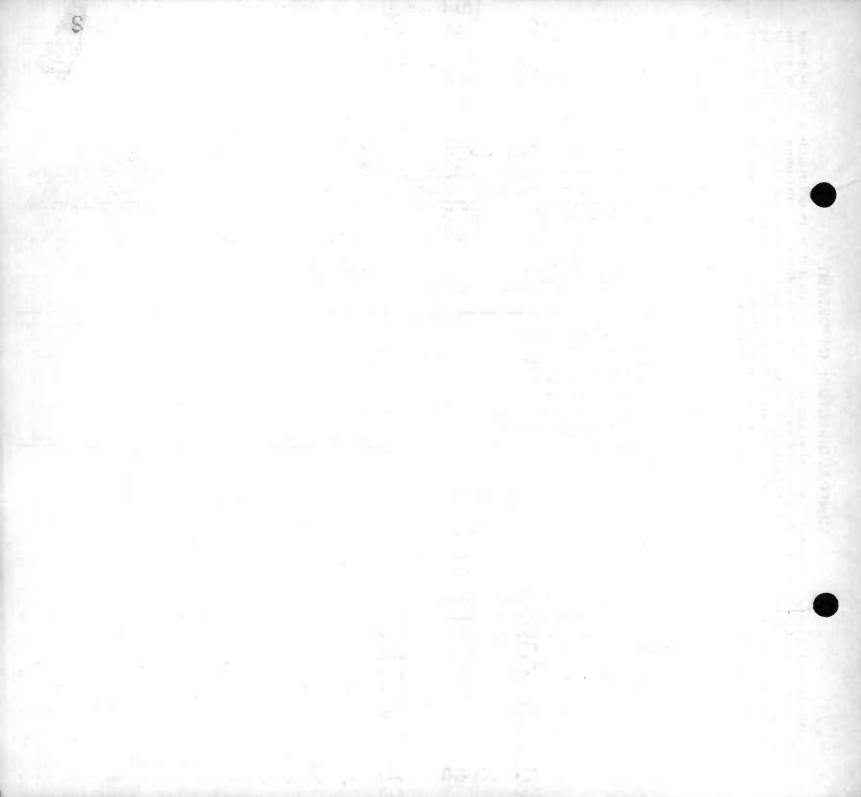
DIRECTOR:

FUNERAL



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, Such such as the property of the property of the property of the property of the prior to death. IMPORTANT FUNERAL DIRECTOR:

1/ -2/	BALTIMORE CITY	HEALTH DEPARTMENT	1	111
BIRTH NO. 71-93691 7342	CERTIFICA	TE OF DEATH	REG. NO	/1 7342
1. NAME OF DECEASED (Type or Print) VANCESA ANNE	- Hunter	2 7/3/	HOUR OF DEATH	1/150 P. M
3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	A. STATE B. COUNT	deceased lived. It ins	stitution: residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR INSTITU ADDRESS OR LOCATION)	TION, GIVE STREET	MARULAI	vd	501
INSTITUTION To have blocking	Shepital	C. CITY OR TOWN	D. INSII	YES RA NO
THE JOHNS HOPKINS	10501145	E. STREET AND NUMBER	RE	YES KI NO
3 BALTIMORE, Mid S.	1205	1206 Wald	o Court.	APT A
70 1 V 100 00	NEVER MARRIED	& DATE OF BIRTH	, AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
OA USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreign	on country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if refired)		prit	m	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IF /	,
Areland Rin.		WANXSA	thoute	00
S. Was Decembed Ever in U. S. Armed Forces? les, no or unknown] (if yes, give war or dates of service)	1 & SOCIAL	17. INFORMANT	7010	ADDRESS
(es, no of unknown) lit yes, give war of dates of services	SECURITY NO.			
18. 7 7 8. 0	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		00.		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) MMEDIATE CAL	ISE ( ardiores/	Diralorya	Errest 40 mer
(This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
Injury or complication which caused death.)	0	1 ./		
ANTECEDENT CAUSES	(B) preme	eturity		
DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost	(c)			
Z ODIST CICLUS ON TO NOT ON TO STATE CONTRIBUTIONS				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	***************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19R CONDITION FOR W WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1	HICH OPERATION	20A-AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
2 none Was recroemed		Yes		
OR CONTRIBUTINO CAUSE OF DEATH incitify medical examined	PLACE OF INJURY (e.g., in form, foctory, street, o	n or about 21 C. WHERE DID ffice bidge INJURY OCCUR?	(il in Baltimare	e City, give exact lacation)
	INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
(APPROX)	e At At Work			
22. I certify that (1) (this implest) attended th	e deceased from Z	ely 28 1	97/10 Jul	9 3/ 19 7/
that (1) (we) last saw the deceased alive an_	July 31		at la (my) (and apli	nion death accurred on the dat
and hour and from the causes stated above (1)	(did to to)	view the body after death.		
23A. SIGNATURE	10			23 B. DATE SIGNED
Swan & Thurin	DEGREE Phy	ending Med. Director	Staff Phys.	August 1, 197
23 C. PHYSICIAM'S NAME (Type SUSAN B Shu	RIN Md	The Tohn	Hopkin.	s Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CR	EMATORY 24D. LO	CATION (Cit	ly, town, or county!   IState!
Cremation 8/1/71 Jo	hns Hopkins	Hospital 601	N Breadw	ay, Balto., Md.
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME O	_	25C. FUNERAL OUTS 1925	AT DISPO	ADDRESS
AUG 5 1971 P.R. BE 30.0	. A.A.O O	TITALUE - EUERIL	HT DIDLO	N.O.M.



P -	252	BALTIMORE CITY HEALTH DEPARTMENT  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1343
		1. NAME OF DECEASED  (Type or Print) Edward F. Czosnowski TR.    2. DATE   Known   K   Month   Doy   Yeor   Hour   OF   DEATH   Estimoted   Death   Estimoted   Death   Doy   Yeor   Hour   OF   DEATH   Death   Death   Doy   Yeor   Hour   Death   Doy   Yeor   Hour   Death   Death   Doy   Yeor   Hour   Death   Doy   Yeor   Hour   Death   Doy   Yeor   Hour   Doy   Yeor   Hour   Doy   Yeor   Death   Doy   Doy   Death   Doy   Doy   Death   Doy   Doy   Death   Doy   D
		4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION Church Home & Hospital  3. DATE Month Doy Yeor 7:50 AM PRONOUNCED DEAD 7 31 1971 7:50 AM 5. USUAL RESIDENCE (Where deceosed lived. # Institution: residence before odmission) A. STATE Maryland  3. DATE PRONOUNCED DEAD 7 31 1971 7:50 AM S. USUAL RESIDENCE (Where deceosed lived. # Institution: residence before odmission)
		6. SEX   7. RACE   8. MARRIED   NEVER MARRIED   V. C. CITY OR TOWN   D. INSIDE CITY LIMITS?  Male   White   WIDOWED   DIVORCED   Baltimore   YES   NO
		9. DATE OF BIRTH 12/3/48 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys Hours Min. 2505 FAIT AVE
		11. BIRTHPLACE (Stote or foreign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRY?  A. EDWARD CZOS NOWSKI SK
		14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME AS TO
		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO. MRS. EDW. QZOSNOWSKI 2505 FAIT H
-		DISEASE OR CONDITION DIRECTLY  Barbiturate overdose  LEADING TO DEATH  CAUSE OF DEATH  CAUSE OF DEATH  Barbiturate overdose  (A)IMMEDIATE CAUSE
		(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury or complication which caused death.)
		ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)
		C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  L. DISEASE OR CONDITION GIVEN IN PART 1 (A).
		20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No. yes)
		22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, farm, factory, street, office bidg., etc.) INJURY OCCUR?  2505 Fait Avenue
		22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 7 31 71 A m. WORK NOT WHILE AT WORK  NOT WHILE AT WORK  Ingested overdose of barbiturates
		I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted romt Natural causes Coldent Suicide Homicide Undetermined manner Deputy CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE SIGNED 7/31/71  EXAMINERS Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER NAME (Type)
		24A. BURNAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)

ADDRESS 2525 WSKI FLEET

258. NAME OF REGISTRAR
Robert & Farber, Mid.

VS 151-REV. 1/1/48 ---

258. NAME OF

KRASON, ANDREW

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

BY HEALTH DEPT.

VS 150-REV. 1/1/68

death

BIRTH NO.

(Type or Print)

I. NAME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2. DATE AND HOUR OF DEATH

NO

4.5.4.

ADDRESS

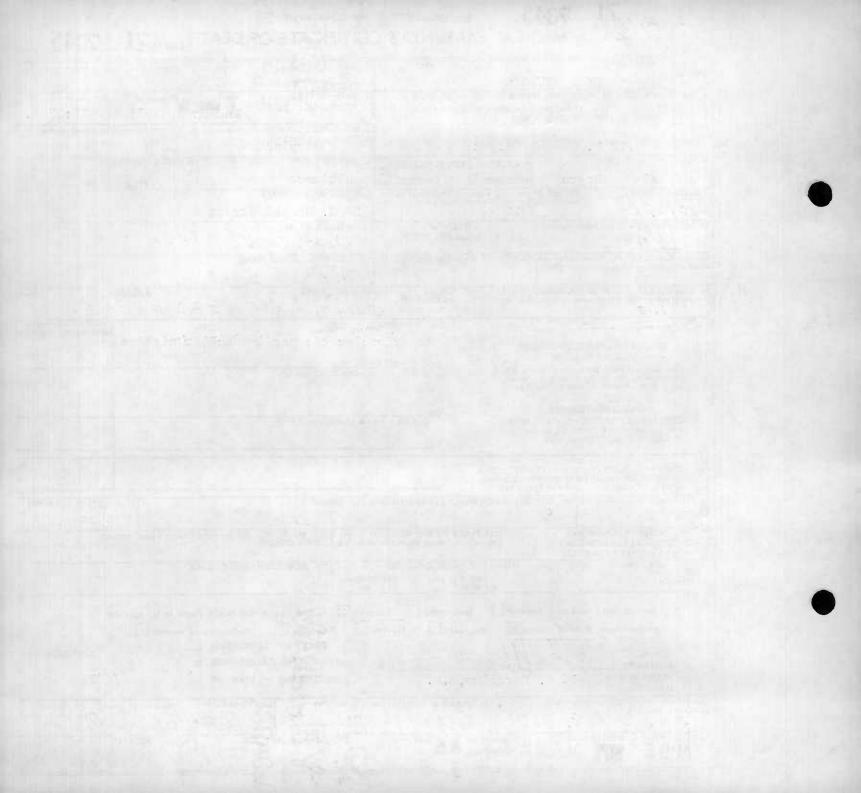
BETWEEN ONSET AND DEATH

If Under 24 Hrs.

AUGUST

2506 Hudson St. 21224

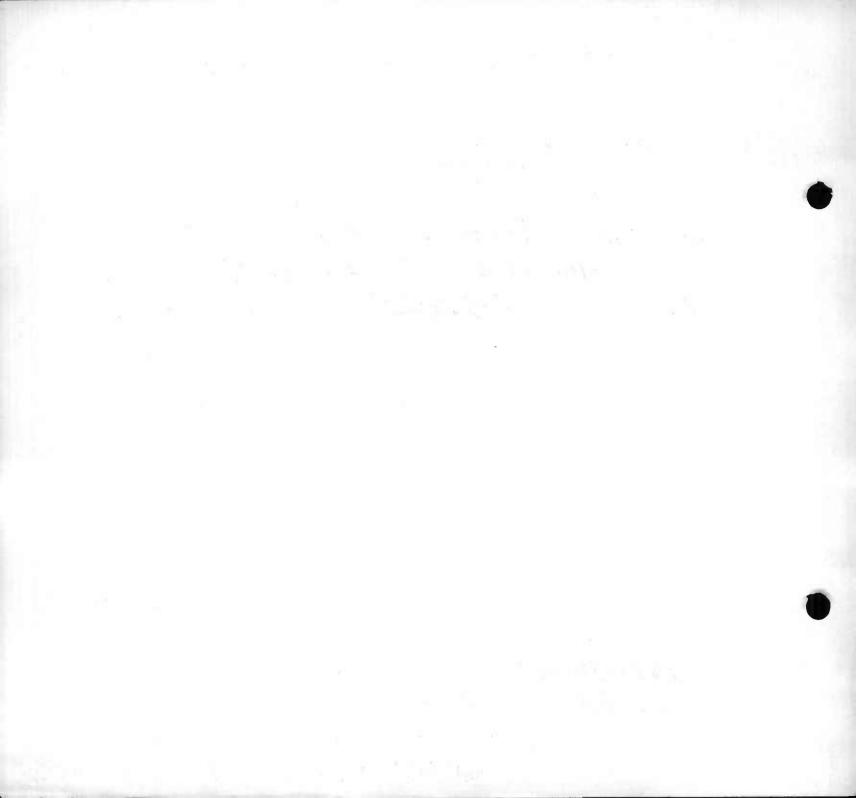
APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 21. AUTOPSY? (Yes or No) ASSISTANT MEDICAL EXAMINER SIGNATURE. M.D. EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER 8/4/71 NAME (Type) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City\_lown, or county) (State) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DERI 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** AUG VS 151-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT								
5 BIRTH NO. 71 7346	CERTIFICA	TE OF DEATH	REG. NO.	1 7346				
1, NAME OF DECEASED	DI MELLUM		HOUR OF DEATH	71   12:20 A <sub>M</sub>				
THORN, PEA		14 USUAL RESIDENCE (Where	JST 2, 197	,				
FULL NAME OF (IF NOT IN HOSPITAL OR INST	NTUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	N BALTIMORE	100				
ST AGNES HOSPIT		BALTIMORE		YES NO 🛛				
CATON & WILKENS BALTIMORE, MARY	LAND 21229	5512 KNOLLVI	IEW COURT					
	D NEVER MARRIED	8. DATE OF BIRTH	ost birthdoyl	Months Days Hours Min.				
FEMALE WHITE WIDOW	DIVORCED	09/15/09	61					
10A USUAL OCCUPATION (Give Lind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even If retired) HOUSEWIFE		WISCONSIN		U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .					
		CAROLINE	IOI TON					
SAM MELLUM	I & SOCIAL	CAROLINE H		233800				
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) if yes, give war or dates of service	SECURITY NO.	W INFORMANT	BALTO ME	2122 PRESS				
		ST AGNES RECO	DRDS CATO	N & WILKENS AVES				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. heart failure, asthenia, etc. it means the disease injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, givinise to the above cause (A) stating to UNDERLYING CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINY DISEASE OR CONDITION GIVEN IN PART 1 (A).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINY DISEASE OR CONDITION GIVEN IN PART 1 (A).  171. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	(B) Cordians  (B) Cordians  (C) Cordians  (C	DONCHOPY A CONSEQUENCE OF:  DONCHOPY A CONSEQUENCE OF:  20A AUTOPST? (Yes or No) NO in or about 21 C. WHERE DID office bidge INJURY OCCUR?		FINDINGS CONSIDERED LUSES OF DEATH?  The City, give exact location)				
0	TE INJURY OCCURRED	215 HOW DID INJU	IRY OCCUR?					
OF INJURY	While At T Not Whi	ie 🖂	- 4-3-10					
IAPPROXI								
22. I certify that (1) (this hospital) attended			9 71 to AU					
that ]() (we) last saw the deceased alive o	n_AUGUST 2	19 <u>71</u> and the	it ju/(mon) (ont) obj	inion death accurred on the date				
and hour and from the causes stated obave. (N (We) (did) XdXd/h)(t)(view the bady after death.								
23A. SIGNATURE				238, DATE SIGNED				
Hound Soon Los	M.D. AH	ending Med. Director	Staff X	08/02/71				
23 C. Seffysician'S NAME (Type) 23D. ADDRESS BALTIMORE, MARYLAND 21229								
TOUNG COON LEE M.D. ST ACNES HOSPITAL CATON & WILKENS AVE								
24A. BURIAL CREMATION, 248. DATE 24C	NAME of CEMETERY of CR		11.5	ity, town, or county! (State)				
Transit 8/6/71	Forest Hill		Duluth, M	inn.				
AUG 5 1371 Passer E. Va	E OF REGISTRAR		MacNabb	301 Frederick Rd Md. 21228				
VS 150-REV. 1/1/68								

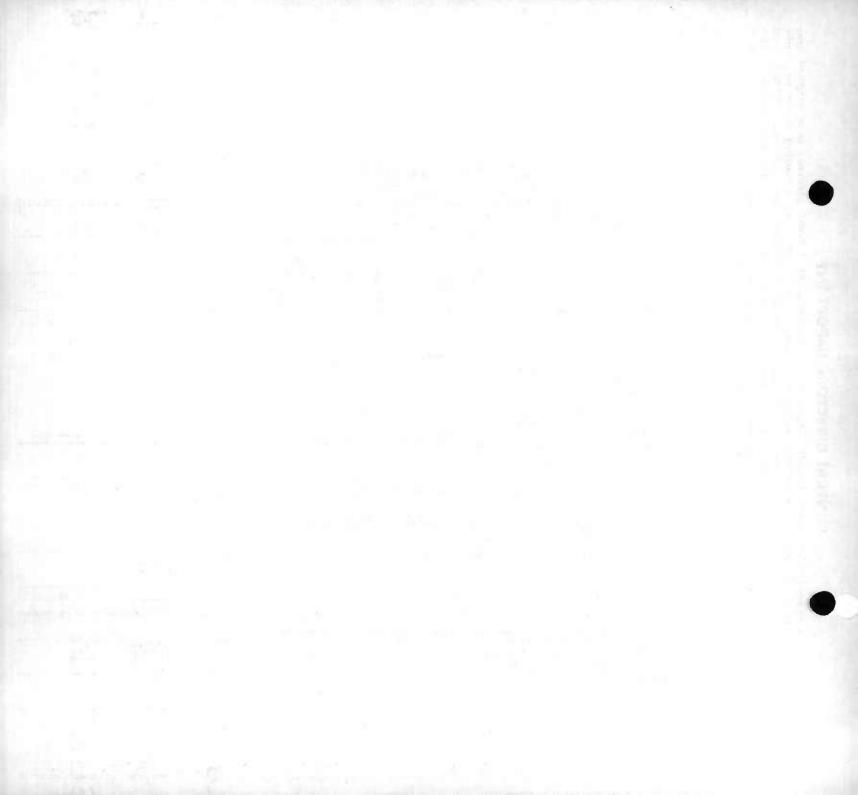
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	BALTIMORE CITY HEALTH DEPARTMENT	
	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 71	1347
	I. NAME OF DECEASED	0 = 1
	(Type or Print) Chertie J. Hammons 8-4-71	245 0
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution; too	sidence before admission)
	SHUL MAAAF OF HE MOT IN HOOMEN OF HEATEN	1661
	HOSPITAL OR ADDRESS OR LOCATION	1001
4	D AA D NAME OF THE PARTY OF THE	
	Lincoln Memorial Vursing E. STREET AND NUMBER	NO []
6	127 h. Caron St. Boll md. Home O 1512 h. Sel	
mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under	1 Yr., If Under 24 Hrs.
	WIDOWED DIVORCED 3/2C 19/1/ lost birthdoy) Months	Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	N OF WHAT COUNTRY?
sposition	tone dyring most of working tile, even if retired	and an annal cookings
SI	13. FATHER'S NAME	S.A.
g l	11/1/1 dlasamana	
1	15 Was December 18 18 April 18	y
tinai	15. Was Deceased Ever in U. S. Armad Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 3. INFORMANT	DDRESS
Ξ	MARION ALLES HAMMONS SIZVES	CHROTTER
0	18. 18.5 X 1 CAUSE OF DEATH	APPROXIMATE INTERVAL
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Malnutrition and Cacheria	TWEEN ONSET AND DEATH
ĒΙ	(This does not mean the mode of dying and	
pg	hoot lailure, asthenia, etc. It means the disease, injury or camplication which caused death.)  DUE TO, OR AS A CONSEQUENCE OF:	
E	ANTECEDENT CAUSES	
0	(8) La of Prostate & Metastass	2
are	rise to the above cause (A) stating the	
remains	UNDERLYING CONDITION last. (C)	
ב	z	
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL A DISEASE OR CONDITION GIVEN IN PART 1 (A).	
The	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CO.	ONCORER
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONDITION OF DESCRIPTING CAUSES OF DE CONTROL 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INJURY (S. I. S. CANDITION OF THE PLACE OF INJURY (S. I. S. CANDITION OF THE PLACE OF INJURY (S. I. S. CANDITION OF THE PLACE OF INJURY (S. I. S. CANDITION OF THE PLACE OF INJURY (S. I. S. CANDITION OF THE PLACE OF INJURY (S. I. S. CANDITION OF THE PLACE OF INJURY (S. I. S. CANDITION OF THE PLACE OF INJURY (S. I. S. CANDITION OF THE PLACE OF THE PLACE OF INJURY (S. I. S. CANDITION OF THE PLACE OF	ATH?
~ 11	In the Relimente City of the Control of the Relimente City of the Control of the	exact location)
9	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	, and the others
	210-TIME (Manth) (Day) (Year) (Hand 215 INTURY OCCURRED	
Dec	(APPROXI	
5	Wark L. At Wark	11 71
0	22. I certify that (i) (this hospital) attended the deceased from	19/
9	that (i) (we) last saw the deceased alive an	accurred an the date
must	and have and from the equses stated abave. (i) (We) (did) (did not) view the bady after death.	
Ē	23A. SIGNATURE 23B. DATE	SIGNED 71
6	Attending DEGREE Phys. Director Phys. Stoff Director Phys. D	-4-11
0	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  23D. ADDRESS	Dt. ala
approvai	HII L. BAYK ALER, M.D. 301 Mc Mechen ST. 15	relimore
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or c	county) (State)
Litten	Bunnat 819/71 NA AUGURN RALTO MD	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	a Silling
3	AUG 5 1971 Tables E. Valley A. D. O Mara hall P. Hara	OSNELM.
	VS 150-REV. 1/1/68	- 130



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

V 100 14 1010	BALTIMORE CITY	HEALTH DEPARTMENT	les d	10		
7-622 71 7348	CERTIFICA	TE OF DEATH	REG. NO.	7348		
	AA	, 2. DATE AN	D HOUR OF DEATH			
(Type or Print) ELEANOR	MIKERKOS	KIE 8- 3	7 - 71	11.50 Q, M		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN	e deceased lived. It institution	n: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR (NS ADDRESS OR LOCATION)	TITUTION, GIVE STREET	MARYLA!	D. INSIDE CIT	1-602		
HUNION MEHORIAL	HOSPITAL	BALTIHO E. STREET AND NUMBER	HE YES	У по		
		304 E.	3/sh ST.			
5. SEX 6. RACE /// 7. MARRI	ED NEVER MARRIED	6 1- 0	9. AGE (in years II U lost birthday) Mont	nder 1 Yr. If Under 24 Hrs. hs: Doys Hours Min.		
WIDOW		6-11-15	58			
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)	AL SECURITU	/		ITIZEN OF WHAT COUNTRY		
CORRESPONDENCE CLERIK.	- U.S. GOVIT.	PENNI	7.	HERICAN		
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA				
PETER KER	ROS KIE	FRAI	NCES BL	YLFR		
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) [lif yes, give war or dotes of servic	al SECURITY NO.	17. INFORMANT		ADDRESS		
No	178-05-514	LAURA E.	KERKOSKIE	SAHE		
18. ////	CAUSE OF DEAT			APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH		
LEADING TO DEATH	CANIMMEDIATE CAU	SE CARDIAC	AKREST			
(This does not mean the mode of dylng, e heart failure, asthenia, etc. It means the disea	DUE TO, OR AS	CONSEQUENCE OF:	***************************************			
injury or complication which caused death.)						
DISEASES OR CONDITIONS, if any, giving  (B) DUE 10, OR AS A CONSEQUENCE OF:						
rise to the above cause (A) stoling to UNDERLYING CONDITION last.	the CAR	DIO GENIC	SHOCK			
11	(0)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG					
TO THE DEATH BUT NOT RELATED TO THE TERMIN.  I DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN. DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A-AUTOPSYZIVes of No	IN CERTIFYING CAUSES	GS CONSIDERED OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218 PLACE OF INJURY le.g., I home, larm, lactory, street, of elc.)	or about 21C, WHERE DID	(II In Baltimare City,	give exect location)		
M OE INTHIS	21 E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX)	While At Wark At Work	'				
22. I certify that (1) (this hospital) attende	d the deceased from	8 - 4	19 7/ta 8	- 5 19 7/		
that (1) (we) lost saw the deceased alive of	2 _ 4		at In(my) (aur) apinion d			
and hour and from the couses stated above		•				
23A. SIGNATURE	(1) (110) (010) (010 1101)	iew file body dilet deditis	238, 1	DATE SIGNED		
Luciu M. Coa		nding Med.	Staff Phys. 8	-5-71		
23C.PHYSICIAN'S	DEGREE Phy	D(rector L)	Phys. Let	0 ,,		
NAME (Type) JUAN M.	CALUERON	H.D-VH	H			
24A. BURIAL CREMATION, 24B. DATE 24G	DEGREE	MATORY  24D. I	OCATION (City, tow	n, or county) (State)		
REMOVAL (Specify)			•			
	Holy Redeeme		Baltimore,	Ma		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	kins & Sons G	ADDRESS 21212		
AUG D THE COURT OF THE	Sele Page ()	1 7 4905	rips & Road E	Palto., Md.		
VS 150-REV. 1/1/68						



Retrick Harry Henryy Margaret Savery E. Arabara Baran English Arabara Baran Baran

Burial 8-5 AM Stappathons Shadyaide MC

Bt	7-452 71 7350		TE OF DEATH REG. NO. 7350						
1,	NAME OF DECEASED HOWARD MA	NUEL CO	LLINS AUGUST 3. 1971 1 4:25 Par						
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)						
H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTI OSPITAL OR ADDRESS OR LOCATION)		MARYLAND CARROLL  C. CITY OR TOWN D. INSIDE CITY LIMITS?						
1	ST AGNES HOSPITA CATON & WILKENS BALTIMORE, MARYLA	AVENUES	SYKESVILEE YES NO X  E. STREET AND NUMBER  BOX 226 BARTHOLAW ROAD						
5.		NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.						
11	MALE WHITE WIDOWEL	DIVORCED	01/19/07   lost birthday   Months Days   Hours Min.						
do	cook  Cook  Hos	pital	MARY LAND						
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	ALLEN COLLINS		HANNAH GOSNEL						
15. (Ye	Wes Deceased Ever in U. S. Armed Ferces? es,ne of unknown) (If yes, give war or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT BALTO MD 2 142 DRASS						
	No -	?	ST AGNES RECORDS CATON & WILKENS AVES						
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	heart failure, asthenia, etc. It means the disease injury at camplication which caused death.)	heart failure, asthenia, etc. It means the disease, Injury ar camplication which caused death.)  Due 10, OR AS A CONSEQUENCE OF:  Glubeal Huner of Deri near Stevener							
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (B) Tulminating unfection  DUE TO, OR AS A)CONSEQUENCE OF:  UNCONTROLLED  (C) UNCONTROLLED  (B) Tulminating unfection  DUE TO, OR AS A)CONSEQUENCE OF:  UNCONTROLLED  (C) UNCONTROLLED								
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	######################################							
54.6	19A-DATE OF OPERATION 198 CONDITION FOR WAS PERFORMED	sexinea Her	20A AUTOPSY? (Ves or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
CALC	21A. ACCIDENT WAS UNDERLTING DE CONTRIBUTING CAUSE OF DEATH (notify medical examined	TACE OF INJURY (e.g., in fectory, street, el	n or obout 21°C. WHERE DID (if in Beltimoro City, give exect location) fice bldg. INJURY OCCUR?						
MEDI	OF INJURY	L INJURT OCCURRED  hile AI	21F. HOW DID INJURY OCCUR?						
	22. I certify that (() (this hospital) attended		JUNE 11 10 71 . AUGUST 3 10 71						
	that (1) (we) last saw the deceased olive an AUGUST 3 19 71 and that In (My) (aur) apinion death occurred an the date								
	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.								
	23A. SIGNATURE  Music Livesh  Attending Med. Stoff March 310 Phys.								
	went sources from	DEGREE Phys	nding   Med.   Stoff   August 3rd 1971						
L	23C. PHYSICIAN'S NAME (1970) QURESHI	DEGREE Phys	nding \ Med. \ Swiff \						
	NAME (Troe) QURESH 1  A. BURIAL CREMATION, 124B. DATE 124C.N BEMOVAL (Specify) 8-6-7/ A	DEGREE Phys  DEGREE  AME of CEMETERY OF CRE	And Med. Shoff & August 3rd 1977  BIOLADDRESS STAGNES HOSPITAL Balto:						
25/	NAME (Troe) QURESH 1  A. BURIAL CREMATION, 124B. DATE 124C.N BEMOVAL (Specify) 8-6-7/ A	DEGREE Phys	And Director Phys. & Hugust 3rd 1971  BY AGNES HOSPITAL Balto:						

IMPORTANT

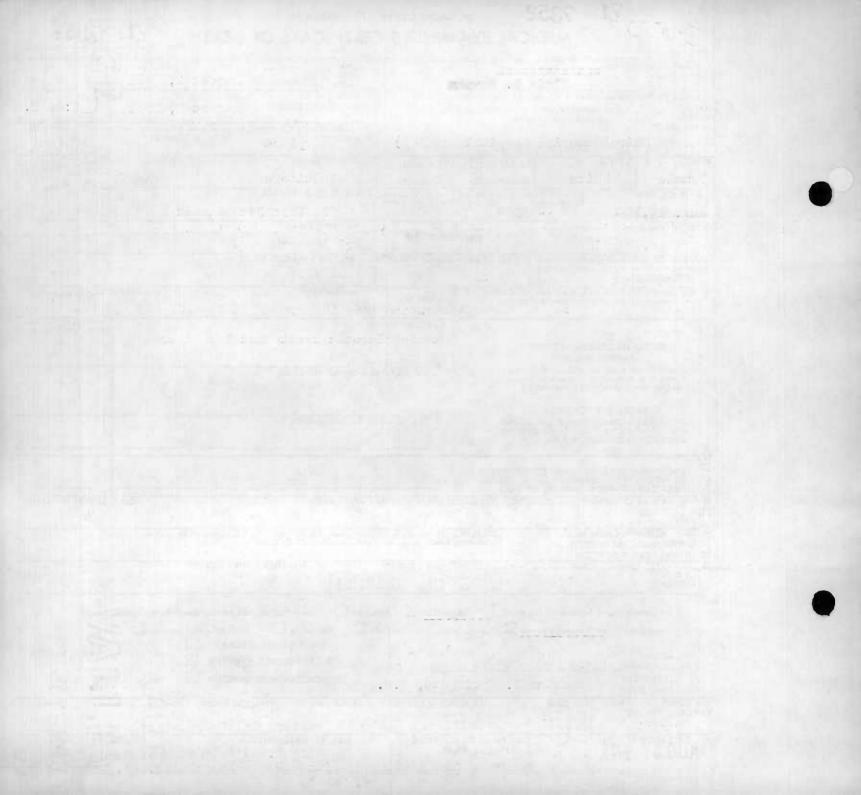
FUNERAL DIRECTOR:

10-68 BIRTH NO.		7351		HEALTH DEPARTMENT TE OF DEAT		71 7351
1. NAME OF DE (Type or Print)		fred	M. Werner	2. DAT	AND HOUR OF DEATH	
3. PLACE IN BA	LTIMORE, MARYLAND,			A USUAL RESIDENCE	Aug. 3,	1971   institution: residence before admiss
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSP ADDRESS OR LOC	ITAL OR INSTITUTE	TUTION, GIVE STREET	A. STATE B. C  Maryland C. CITY OR TOWN  Baltimor E. STREET AND NUMBE	e D. IN	SIDE CITY LIMITS?  YES NO
23	18 N. Charles	Street				
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	harles Street	
Male	White	WIDOWED	DIVORCED	6/15/86	last birthday)	If Under 1 Yr. II Under 24 Manths Days Hours Mir
done during most of	UPATION (Give kind at wo working life, even if retired)	THE TOR KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	lareign country)	12. CITIZEN OF WHAT COUN
	esman Retir			New Y	ork	USA
13. FATHER'S NA		94		14. MOTHER'S MAIDEN		UUA
		We	rner	un	known	
5. Was Deceased	Ever in U. S. Armed Fo	rcas?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	" 1est fine and of go		SECURITY NO. 217-12-6616	Alfred J. We	rner 22 E. 2	
18. // 2	791		CAUSE OF DEATH			APPROXIMATE INTERV
DISEASES ( nise to the UNDERLYING  OTHER SIGNIF TO THE DEAT	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost,  II FICANT CONDITIONS CO III BUT NOT RELATED TO	ony, giving sloting the		Oro-vascula:		lerosis sever
19A. DATE OF		IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes on	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examined	21 B ham etc.	PLACE OF INJURY (e.g., in e, farm, factory, street, offi	or about 21 C. WHERE DIS ce bldg., INJURY OCCUR	(II In Boltima	re City, give exact location)
OF INJURY (APPROX.)	(Month) (Day) (Year)	7.0100	INJURY OCCURRED  ILLE AT While AT Work		INJURY OCCUR?	
<u> </u>	that (1) (this hospitaliast sow the decease			-12- 19 71 ond	19 60 - to Au	8. 3. 1971
and hour one	from the couses sto	ted obove. (	) (We) (dld) (d <u>id not)</u> vl	ew the bady after deat	h.	
23A. SIGNATU	Usworth	Cool	DEGREE Phys.	ding Med. Director	Stoff Phys.	8-3-71
EEI	LSWORTH CO		OEGREE		nd Ave. Ba	lto., Md. 21218
REMOVAL (	MATION, 248, DATE	24C. N.	ME of CEMETERT OF CREA			ty, town, or county) (State)
Cremati	BT HEALTH DEPT	258. NAME C	Greenmount Cres	natory	Baltimore	e Md.
AUG 5	1971 Pabe	B E. Wail	Sey M.DO	Mitchell-Wi	edefeld Home	6500 York Rd

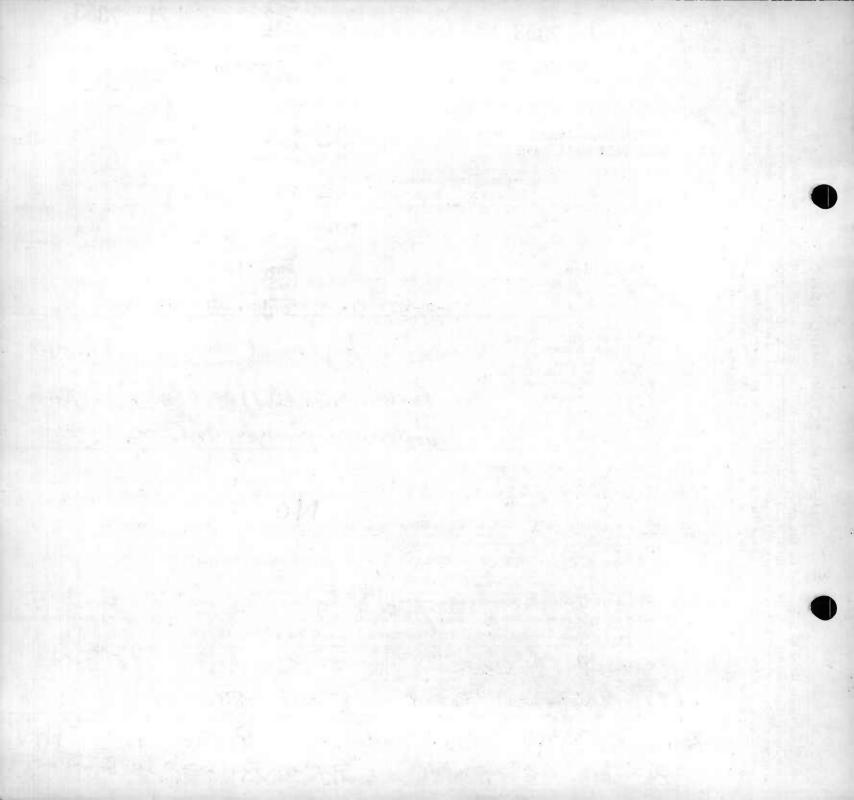
the state of the s

1	735

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 7352	3
I. NAME OF DECEASED	2. DATE Known Manth Doy Year Hour	
(Type or Print) = Elsie L. Bowman	OF DEATH Estimated [] August 2, 1971	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 2, 1971 19:4  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before addressed lived.	+O P.
Union Memorial Hospital (DOA)	A. STATE Maryland B. COUNTY	01
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Female White WIDOWED DIVORCED	Baltimore YES X NO	
P. DATE OF BIRTH  Aug. 19,1890  10. AGE (in years last birthday)  79 80  If Under 1 Yr, If Under 24 Hrs.  Months, Days, Hours, Min.	530 East 38th Street	
11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF	13. FATHER'S NAME	
Balto. Maryland WHAT COUNTRY?	Karl Lembeck	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME	
dane during mast of warking life, even if retired) Homemaker	Anna Knoll	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown)((I yes, give war or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANY ADDRESS Towson	1.
No 213-52-6110	Justine A. Durbin 413 Terrace Way Md.21	204
19. / / CAUSE OF DEA		
DISEASE OR CONDITION DIRECTLY Arterioscl	lerotic cardiovascular disease	1 110 0011
LEADING TO DEATH (A)IMMEDIATE	CAUSE	
	AS A CONSEQUENCE OF:	
Injury ar complication which coused deoth.)		
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Ye	s or Na)
	No	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	, in ar about 22C. WHERE DID (II in Baltimare City, give exact location) to bidg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)  m. WHILE AT NOT WORK AT V	WORK	
	stopsy and that on this basis, death in my opinion	
	de Homicide Undetermined manner	
resorted from: Activity Courses (A)	CHIEF MEDICAL EXAMINER	
SIGNATURE CLAUS SAMERA CM.	ASSISTANT MEDICAL EXAMINED THE	GNED
EXAMINER'S Charles S. Springate, M.D.		71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)		State)
	ional Cemetery Baltimore, Maryland	
AUG 5 197 Wabis E Jaiber Mes	25c. FUNERAL DIRECTOR ADDRESS Eugenia K. Seitz 5209 York Road	
VS 151-REV. 1/1/68	Seitz Funeral Home Balto, 164, 21212	



BALTIMORE CITY HEALTH DEPARTMENT



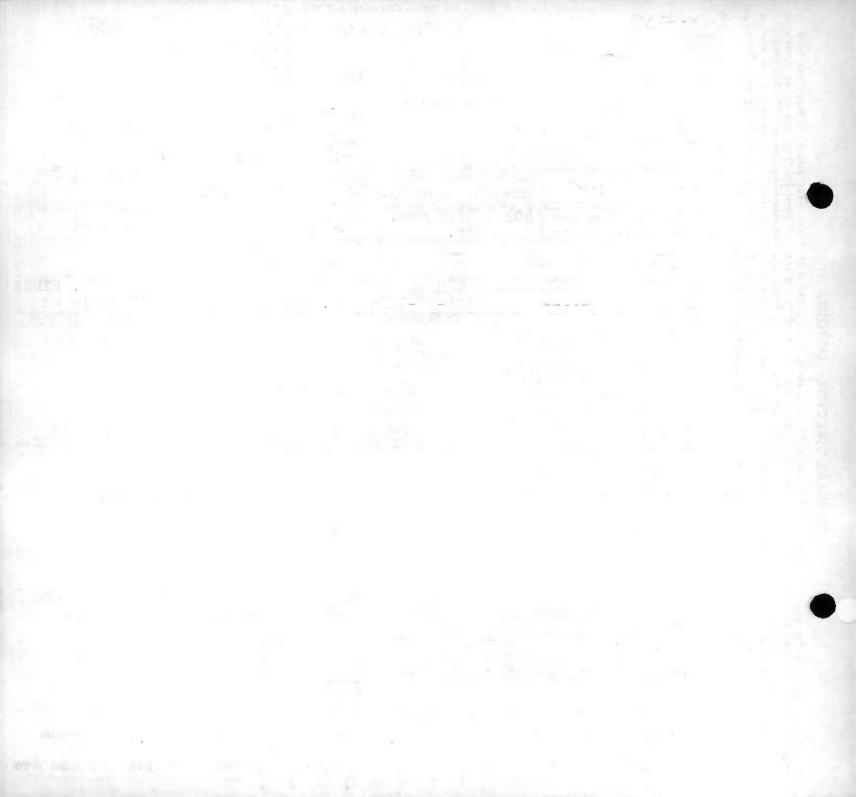
IMPORTANT

FUNERAL DIRECTOR:

	Q FAR IMA	de e e a	BALTIMORE CITY	HEALTH DEPARTMENT	1714	7354
	71 TH NO.	7354	CERTIFICA	TE OF DEATH	REG. NO.	730 1
1. I (Ty	PAME OF DECEASED	2	1/.10.	2, DATE AN	D HOUR OF DEATH	030 DST
3,	PLACE IN BALTIMORE, MARYLA	ND. WHERE PROD	10 11/2 CYINE	4. USUAL RESIDENCE (When	e deceased lived II incl	litution; residence before admission)
				A. STATE 8. COUN	TY /	monore residence belore domission)
H	JLL NAME OF (IF NOT IN ADDRESS O STITUTION	HOSPITAL OR INS	TITUTION, GIVE STREET	c. CITY, OR TOWN		E CITY LIMITS2
1		General	Hospital	BALTEMONE		YES NO 7
11			0	E. STREET AND NUMBER	11	
_		erles S		1334 De	Twood A	ve
э,	SEX 6. RACE	7- MARRIE		8. DATE OF BIRTH	9. AGE (In years last birthday)	II Under 1 Yr. II Under 24 Hrs. Manths Days Haurs Min.
10/	A. USUAL OCCUPATION (Give kind the during most of working life, even if	of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lare)	gn country)	12. CITIZEN OF WHAT COUNTRY
1	ountain Masas	1/1/	Murahu Co.	md		U.S.A.
13.	FATHER'S NAME	-70-10-0	Turing Co.	14. MOTHER'S MAIDEN NAM	AE	u o v j v
	George Fe	erce		Emma	marian	
15. (Ye	Woe Deceased Ever in U. S. Am s,no or unknown (If yes, give war	ned Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	regens	ADDRESS
	200		218-12-8676	Has Chart-	2724 M	1. Chester St.
_	18.4-10,91		CAUSE OF DEATH	1	272710	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION			$\cap$ 1	<b>.</b> ()	BETWEEN OUSET AND DEATH
	(This does not mean the mo	de of dvina. e.	(A) IMMEDIATE CAU	SE CAPTIOGENIC	Shock wit	h 3/2 hrs
	heart failure, asthenia, etc. It	means the diseas	ie,	Complete H	leart Block	
	ANTECEDENT C	AUSES	A.t.	sit marine	1 front.	3 0/10
	DISEASES OR CONDITIONS	, if any, givin	Ig DUE TO, OR AS	A CONSEQUENCE OF:	1 intarcti	m 3 gays
	uise to the above cause		10 Arte	rioscleratic C	ardiovoscu	lardisease
	<u> </u>		(0/			develor bideberesis il arrangement
NO	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE	S CONTRIBUTING	3			
ICATI	DISEASE OR CONDITION GIVEN 19A-DATE OF OPERATION 1191	IN PART 1 (A).	***************************************	120 A	000 10 100	
ERTIFI		AS PERFORMED	WHICH OPEKATION	20A. AUTOPSY? (Yes or No.)	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CE	21 A. A CCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE C	ING 2	IB PLACE OF INJURY (e.g., i	or about 21C. WHERE DID	(If to Balilmore	City, give exact location)
7	DEATH (notify medical examiner)	) F	ame, farm, foctory, street, af tc.)	ice bidg., INJURY OCCUR?		
EDIC	21 D. TIME (Month) (Doy) OF INJURY	(Year) (Hour) 2	E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
Σ	(APPROX.)		Vhile At Work Not While At Work	' D		
	22. I certify that (1) (this ha			7-7	9 7/ 10	8-1 1071
	that (1) (we) last sow the de			19	of fn (my) (our) opini	on death accurred on the date
that (1) (we) last sow the deceased olive an						
	23C. PHYSICIAN'S NAME (Type)		1 01	3D. ADDRESS	21	7
	Henry I	Babi	H, M. D. DEGREE	4623 Hawl	15 bury	K4.
24/	REMOVAL (Specify)		NAME of CEMETERY OF CRE			town, or county) (Statet
_	Burial 8/1		ulandy Valley	Memorial Bal	timore Co.	, Maryland
25	GRE SECO THE LETTE DES	E 250 NAM	OF REDSTRAR	25C, FUNERAL DIRECTOR		ADDRESS
V/*	150-2FV, 1/1/68			Trandagu Linu	eral Home	3818 Roland Ave



8	1		BALTIMORE CITY	HEALTH DEPARTMEN	T	In A	
D-500			CERTIFICA	TE OF DEAT	H REG. NO	71 7355	
BIRTH NO.	174 170	55			E AND HOUR OF DEATH		
(Type or Print)	JAMES	R.	DEANE	2. DAI	8/1/7/	n	M
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE	Where deceased lived, If	institutions residence before od	mission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	JTION, GIVE STREET	c, CITY OR TOWN		ISIDE CITY LIMITS?	56
1	. Hospie	1.1			more	YES 4 NO	
125, NA	; 1/03/10	9/		E. STREET AND NUMB	ED		
				40 E.	2561	16	
5. SEX 6	RACE		NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years last birthday)	If Under 1 Ye, If Under Months Days Hours	24 Hrs. Min.
	A TION (Give kind of work	WIDOWED		, .	I fareign country	12. CITIZEN OF WHAT C	CHNTRYS
			oland Ave.	Virgin	i d	U.S. D.	00111711
13. FATHER'S NAMI	ANAGER (APC)	A	pts.	14 MOTHER'S MAIDEN		0.0.00	
	141 R. A	DEANE,	, JR	UNEND			
15, Wes Decesed E	ver in U. S. Armed Fore	es?	SECURITY NO.	17. INFORMANT		ADDRESS	22211
No		0. 0000		u Mrs. Jean	n Zimmerman		k
18. 11.	9		CAUSE OF DEAT	1		APPROXIMATE IN	
	OR CONDITION DIR	ECTLY	MV	cardeal i	NFANCTION	ACUTE	
	EADING TO DEATH	dvina. e.a.	(A) IMMEDIATE CAU	SE		77	
heort failure, as	sthenia, etc. It means	the disease,		A CONSEQUENCE OF:		,	
100	ication which caused ITECEDENT CAUSES	a od mi	Co	ROWARY AND	Eny disEn	IK YE	11
	CONDITIONS, If	av dylan	(B)DUE TO, OR AS	A CONSEQUENCE OF:			
rise to the	above cause (A)			PRA ERNSIC	<i>u</i>	VEAR	/
	11				<del></del>		
OTHER SIGNIFIC	ANT CONDITIONS CON	VIRIBUTING					
DISEASE OR COL	NOTION GIVEN IN PART	T (A).	WICH OBSERTION	120A AHEARAS No.	or Nall 208 IE ver were	E SINDINGS CONSIDERS	
	WAS PERF	ORMED		100		E FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIBUTE	WAS UNDERLYING ING CAUSE OF	218, hom etc.l	PLACE OF INJURY (e.g., i e, farm, factory, streat, a	or obout 21C, WHERE Difice bidg, INJURY OCCU	ID (If In Baltim	ore City, give exact location)	
W OR IN TITO	Month) (Day) (Year)		INJURY OCCURRED		INJURY OCCUR?		
E (APPROXI		Whi	lie A1 Not While	° 🗆			
22. I certify ti	hat (I) (this hospital)	attended t		7/14/71	19to	7/3//197	7/
	ast saw the decease	galle-	7/217	19. <u>7/ar</u>		plnian death occurred on	
			(We) (did) (did not) v		1,000		
23A. SIGNATURI		1111				23B, DATE SIGNED	
X-	X Z	all	Ohn	nding Med.	Shaff Phys.	8/1/71	
23C. PHYSICIAN	S		DEGREE	3D. ADDRESS		1 12 2 1 1	DAK.
NAME CLYP		2	Add to the same	Union	MEMORIAL	Hospital L	md.
24A. BURIAL CREM REMOVAL (Sp	ATION, 24B, DATE	24C. N	AME of CEMETERY of CRI	MATORY 24	ID. LOCATION (	City, town, or county)	(Stote)
Burial	8/11/7	1 Mor	eland Mem.	Park	Baltimore	Co. Marylar	nd
25A PATE C'D	THEALTH DEPT.	258 NAME	OF REGISTRAR	25C. FUNERAL DIRE		Co., Marylan	
AUG 5	14/1 Valent !	- Valley	ALM O	Donovan I	Tuneral Home	e 3818 Roland	Ave
VS 150-REV. 1/1/68				7 77 0 3	9		



IMPORTANT

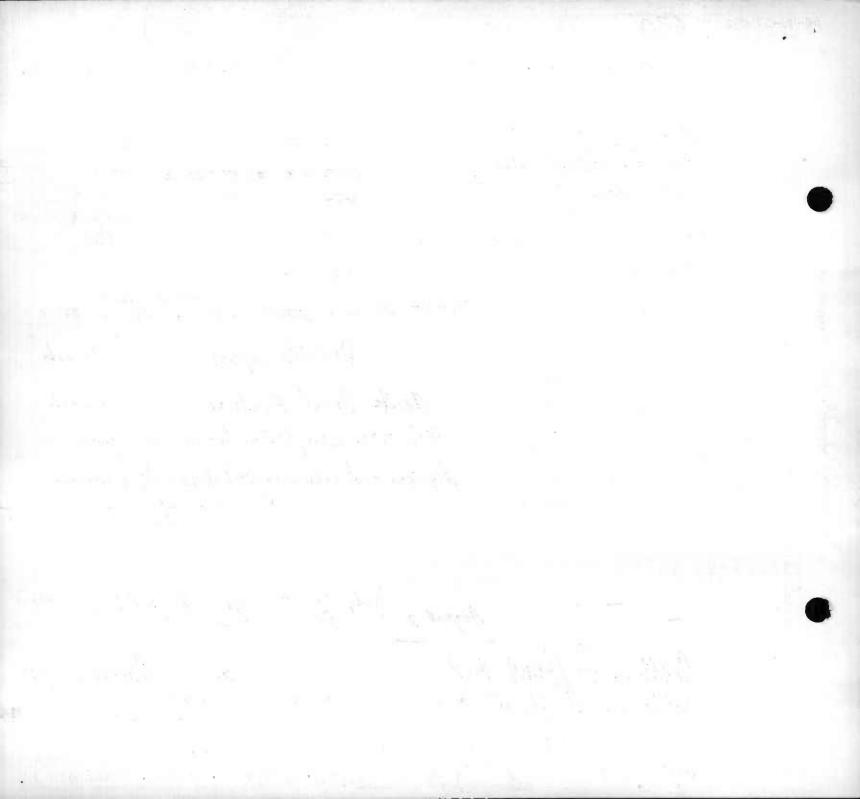
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

GOOLD WERSINGHOLD

56-09-57

	17 - 6 - 6 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TE OF DEATH REG. NO. 71 7357					
	BIRTH NO.  1. NAME OF DECEASED	TE OF DEATH					
	(Type or Print) Pardo, Samuel C.	August 2, 1971 10:40 A.					
I	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence belore admission)					
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION GIVE STREET INSTITUTION	Maryland 2608					
1	Baltimore City Hospitals	J. Halot Cili Limitar					
2	4940 Eastern Avenue	Baltimore YES Y NO					
1	Baltimore, Maryland 21224						
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., II Under 24 Hrs.					
	Male White WIDOWED DIVORCED	1-2-06 lost bighdoy) Months Doys Hours Min.					
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	de detting mest of working me, even it renired)	1164					
	Barber Self employed	Italy USA					
11		14. MOTHER'S MAIDEN NAME					
	Paul Pardo	Mary Tricairo					
	SECURITY NO	17. INFORMANT 4940 Eastern Avenue					
	No 217-22-0836	PCU. Parada Para					
l	18. / CAUSE OF DEATH	APPROXIMATE INTERVAL					
$\parallel$	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
П	LEADING TO DEATH	s Probable Senses 1 each					
I	heart failure, asthenia, etc. ft means the disease	CONSEQUENCE OF:					
l	injury or camplication which caused douth.)						
$\ $	ANTECEDENT CAUSES	- Revol Failusa 1 usek					
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:					
I	ise to the above cause (A) stating the UNDERLYING CONDITION last.	tie Araplatie Carriera la lance					
	(C)III O CONTINUE (C)III O CON	a grafittific Governova. mortus.					
1	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	100 11 10 1					
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	nd Vulmoney Miloroser alla ustrom.					
	119A. DATE OF OPERATION 119R CONDITION FOR WILLOW COSTA TION	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE PINDINGS CONSIDERED					
	WAS PERFORMED WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE MINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes					
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	et chaut 21C WHERE DID					
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, officed	ce bidg. INJURY OCCUR?					
	21D. TIME (Month) (Doy) (Year) (Hour) 21E IN ILLEY OCCUPAND	21F. HOW DID INJURY OCCUR?					
	(APPROX) While At Not While						
	Work At Work	A CO					
		orly 30/1271 19/1/ 10 Hoofers 2 19/1					
	that (H) (we) last saw the deceased alive on Hugher 2	ond that in (my) (our) opinion death accurred on the date					
ļ.	and hour and fram the couses stated above. (1) (We) (did) (did not) via	ew the bady after death.					
	23A-MGNATURE	23 B. PATE SIGNED					
	May Cam 11 / All 1911 - OEGREE Phys.	ding Med. Staff Phys Staff Phys J. 1911					
		D. ADDRESS					
	William 1. Hun M.D.	Baltimore City Hospitals					
2	24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
	Brief in College Colle						
2	SA. DATE REC'D BY HEALTH DEPT.) / 268 NAME OF REGULARIE	25C. FUNERAL DIRECTOR ADDRESS					
	AUG 3 19/1 Valoring Common of the	John J. Monan, Inc. 3000 E. Baltimore St.					
ı	5 150 BEV 1/1/48	The survey of the state of the					





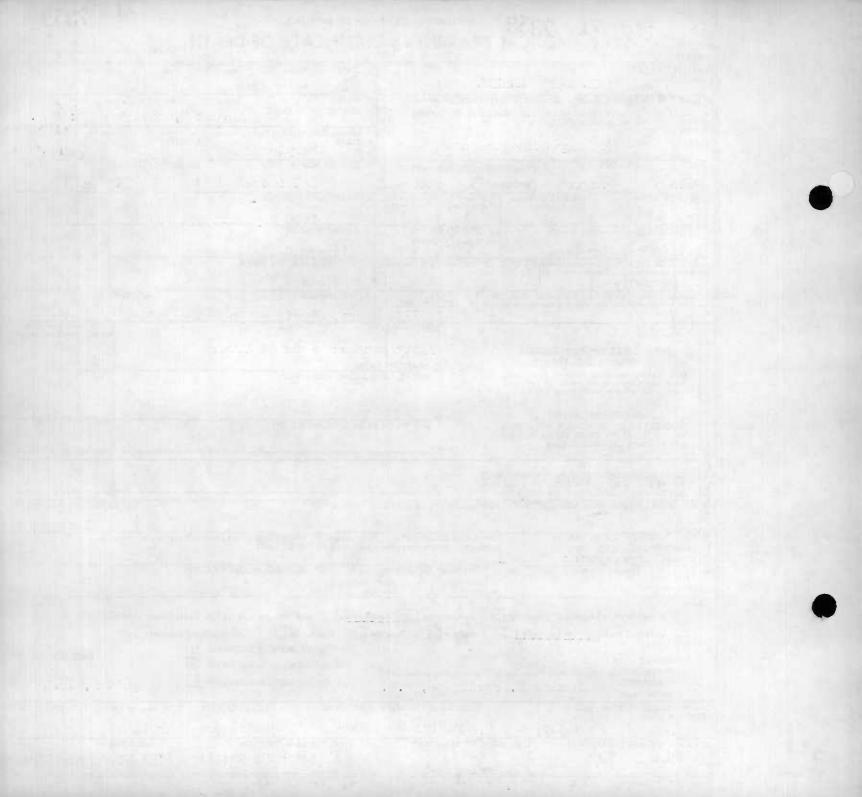
25C. FUNERAL DIRECTOR

ADDRESS

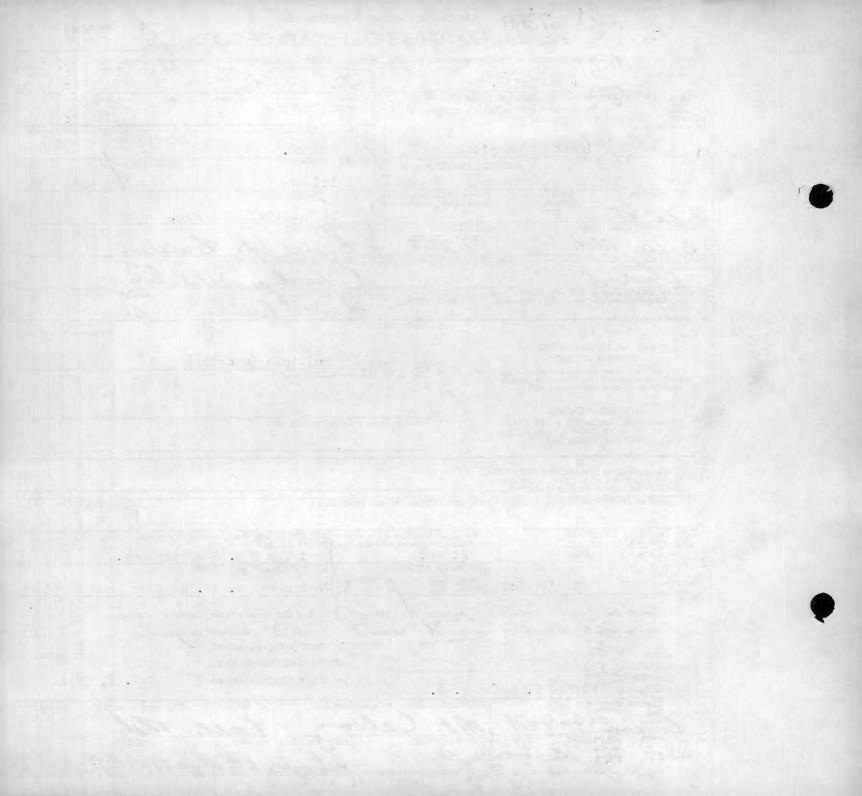
Arlington S. Phillips 1727 N. Monroe Street

258. NAME OF REGISTRAR

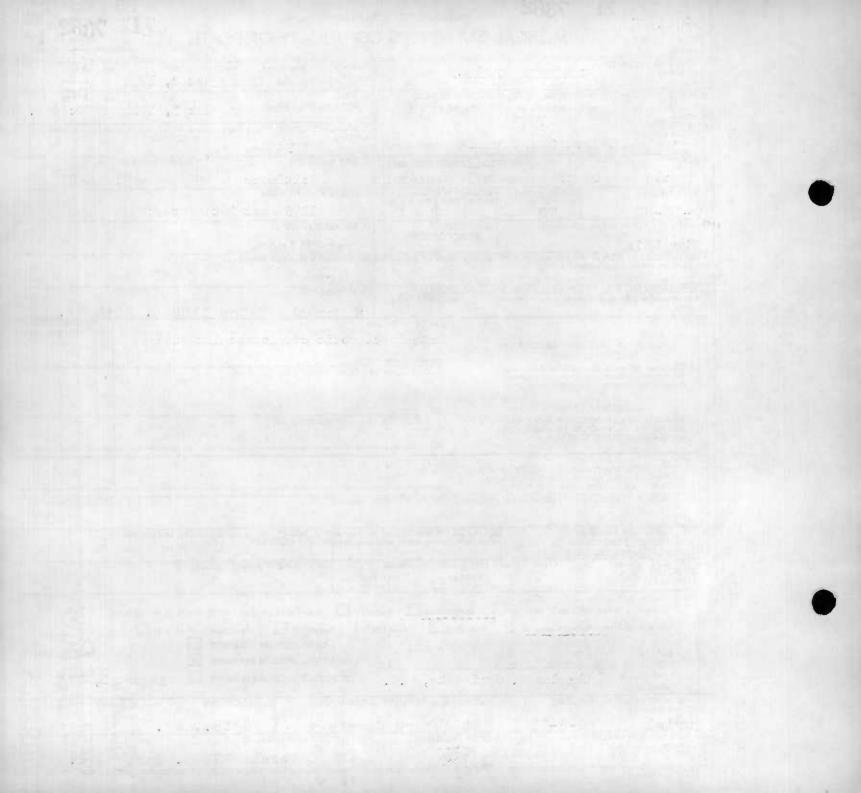
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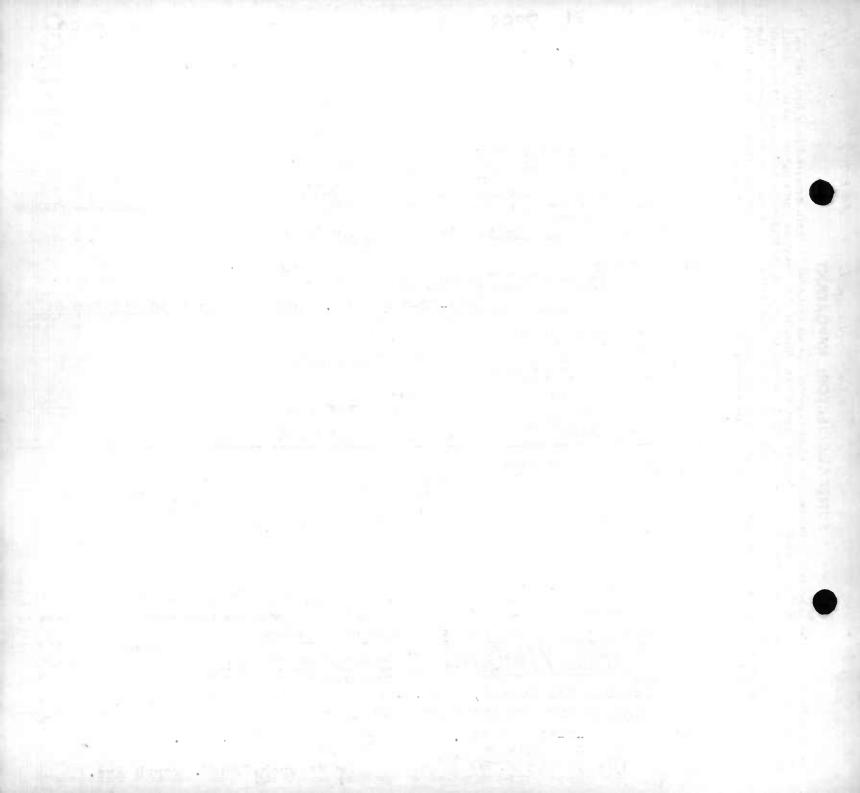
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BI	RTH NO.		MILL	ICAL	- LAM	MAIII AFK S	CER	LIFIC	LAIE	Or I	DEAI	REG	. NO	7.5	,,,,,,	
1.	NAME OF DE	CEASED					2	DATE	Knawn	n	Month	Do		Year	Hour	
(Type or Print)  Bruce Bailey								OF	Estimote	d IV	7		31	71		_
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD								PATE	Califford	10 (2)	Month	Do		/ L	1:45	Рм.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION							P	RONOU	NCED DE	- 6	7	31		71	1:45	рм.
0	A						5. U	SUAL RE TATE	SIDENCE	(Where d	eceosed I	B. COU		sidence b	elare admiss	iton)
	27	Provi	dent	Hos	pital				Md.			D. COU	7411	14	7.8	63
6.	SEX	7. RACE		8. MARR	IED N	EVER MARRIED	V C. C	TY OR	TOWN			D. INS	IDE CITY	IIMDS?		-
	Male	Negr	0	WIDOW	VED 🗌	DIVORCED		Balt.	imore				YES	V .	№ □	
	2-28-		last birthdo	yeors y)	If Under 1 Months : D	Yr. II Under 24 i		TREET A	ND NUM		Glen	Δνο	1231			
1000	BIRTHPLACE	State or fore	ign country)	-	12. CITIZ	EN OF	13. F	ATHER'S		CSC	GICII	Ave.	,			
	B. 11	M	/			COUNTRY?		A.		0.1	1	1	1			
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don	e during most of	working life, e	yen if retired)	West AP	J. 00311	TOO ON HADOS	3121	/ THER	J MAIDE	MAPI		, 1	11-1	T		
		dent						1000	role	m	w	he	list	4		
(Ye	WAS DECEAS	ED EVER IN	wor or dotes	of service	7 17.	SOCIAL SECURITY NO.	18.7	NFORM	ANT	1	. 1		ADDI	RBSS		
L	110.						7	Sru	ue,	Ba	ile	1	De	an	4	
П	19. =	121	1 ~			CAUSE OF E	DEATH				1				PROXIMATE IN	
н	DISEAS	E OP CONT	OMON DIREC	TIV							U			BETWI	EEN ONSET AN	ID DEATH
1	DIJEN.	LEADING TO		will the same of t		4.414446014		Mi	ltipl	e In	inrio	0				
	(This does	not meon the	mode of dy	Ing. e.g.,		(A)IMMEDIA			ENCE OF:	e III	Julie	5		_		
	Injury or co	e, osthenia, et mplication wh	c. It means the ich coused dec	disease,					LITTE OT							
	ANTECEDENT CAUSES (8)															
	RISE TO TH	E ABOVE CA	OR AS A	CONSEQ	UENCE OF	1										
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (c)															
9																
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL															
民	DISEASE OF	ATH BUT NO	TRELATED TO GIVEN IN PA													
F				WAS PE	REORME	D				121	AUTOR	SY7 (Yes or	No			
12	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS							O MILL					-1	. AUIOF		110)
7	22A. FXTER	NAL CAUSE	WAS	1	220 DI A.C.	CE INITIDAL.		.1	C MUIERE	D. 000 444					No	
S	UNDERLYING	OR CON	TRIB-		home, farm	E OF INJURY(e , foctory, street, c	office bldg.	, etc.) IN	JURY OCC	UR?	in Baltimoi	re City, g	ive exact lo	cation)	12	
UTING CAUSE OF DEATH. Street Northern Pky. & Wal									Wabas	sh Ave	2. 04	28	7/			
1	OF INJURY	(Month) (I	Doy) (Year	) (Hour		JURY OCCURRE		- 41	F. HOWD	D INJU	RY OCCI	JR?				
	(APPROX.)	7	31 '71	1:20	MHILE WORK	AJ N	NOT WHILE	M Pa	sseng	er Rt	t. Ft	. Sea	at of	Auto	invol	ved
	23.														ollsio	
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion														.011510	***
	resulted form Najural causes Accident Suicide Homicide Undetermined manner															
		14/1//	/ /	16	1		Depu		HIEF MEDI			N				
	ACTUAL	-1 11 11 11 /	$\Delta M \Delta H$	1	KI				ANT MED			H			DATE SIGN	ED
	SIGNAT		- 1		1		M.D.					7			1071	
	NAME (		erner [	Sp	to M.	D.		ASSOC	LATE MEDI	ICAL EXA	MINER		Aug.	. 1,	19/1	
24	BURIAL CRE	MATION.	AB. DATE	. Jp.		ME of CEMETE	RY or CP	EMATOR	Y	24D 10	CATION	len			40.	,
RE	MOVAL (Spec	fy) r	0 0	21		1 1 18	n or ch			270, 60	CAHON	(City	, town, or	county)	(State	,
_	Bur	cal	8-1-	//	MI	1. 6	alv	du	7	18.1	2/1	1 ,	Ma	,		
25	DATE REC'D	BY HEALTH	00	-	-	EGISTRAR		25C, F)	NERAL DI	RECTOR	10		ADDR	ESS		
	AUG 5	1971	Vabers	E. Va	uber 1	KD,		Y	1. 1.	- /	N ni	1.	1050	NV	Lauro	. 01
-		/	1	-	7	0	-	HAL	noghe	VAI	niel	year	121	11. [1	caure	e sk
VS	151-REV. 1/1/6															



Water Rheme Next Carelian Peters Phillips Your an is an Franker Musicall ham amsouls 8-6-71



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( 10)	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 171 17364	CERTIFICATE OF DEATH REG. NO. 71 7364
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD 4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION	A. SIATE & COUNTY
Both All Mg. Florish	ISCINCULUL BALTIMORE YES NO [
1400 John St. 212	217 E. STREET AND NUMBER 2311 ROSI and Ave. 21216
5. SEX 6. RACE 7. MARRIED 1	AUTHOR MADDICE TO S. DATE OF RIPTH OF AGE SO MADE TO A STATE OF ST
Male Negro WIDOWED D	DIVORCED DIVORCED Months Boys Hours Min.
dane during most of working lite, even if refired)	JSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or Toreign country)  12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14 MOTHERS MAIDEN NAME
15. Was Deceased Ever In U. S. Armod Forces? (Yos, no or unknown) (if yos, give wor or dotos of service)	SOCIAL 17- INFORMANT ADDRESS
The state of the s	20-14-8626 admission Record
18. 4/12.31	CAUSE OF DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0
(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  6/18/71
ANTECEDENT CAUSES	0.15 1. L. P. L. I.
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A CONSEQUENCE OF:
rise to the abave cause (A) stating the UNDERLYING CONDITION tost.	(c) a letingless quelled sees
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	CH OPERATION (20A-AUTOPSYZ/Yes of Noll 20R IF YES WERE ENDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, for etc.)	ACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Bolilmore City, give exect location) form, factory, street, office bidg., INJURY OCCUR?
	JURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While A	At Not While At Work
22. I certify that (i) (this hospital) attended the de	deceased from / 4//5 1969 to 7/3/19 7/
that (1) (we) last saw the deceased alive on	7/3/19 2/ and that in (my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (W	
al most	Attending Med. Shaff 238 DATE SIGNED
23 C. PHYSICIAN'S NAME (Type)	OF GREE Phys. Director Phys. 23D. ADDRESS
ALLAN H MACOT	T MD OEGREE 2 E pead of Bell MANNET
24A- BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY OF CREMATARY A COMPANY TO CITY TO THE COLOR
25A. DATE REC'D BY HEALTHY DEPT.   25B. NAME OF RE	EGISTRAR IZEGISTRAR IZEGISTRAR IZEGISTRAR
444 F C 4 B 67 "	MA O O O MORTUARY SERVICE - BCHD
VS 150-REV. 1/1/68	The state of the s

2311 ROPLYN AVE

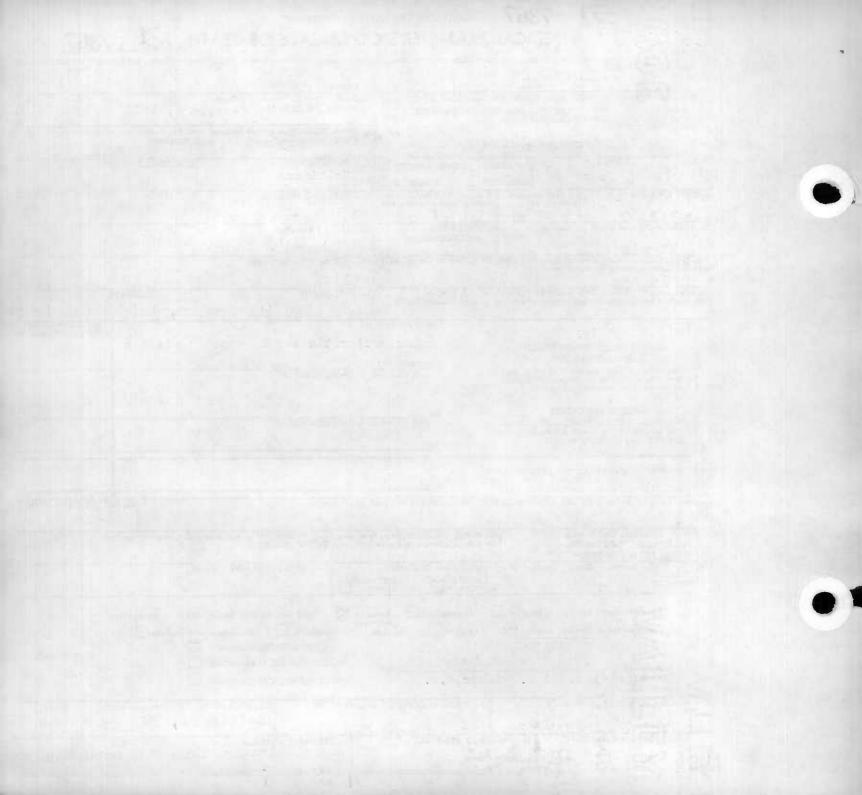
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

D-160	-		BALTIMORE CITY	HEALTH DEPARTMENT	JA MOGE
BIRTH NO.	71 '	7365	CERTIFICA	TE OF DEATH REG. NO.	1 7350
I. NAME OF DE	CEASED	700-		2. DATE AND HOUR OF DEA	TH
(Type or Print)	Margaret	Na	brev	7 / - /	005
2 81 4 65 101 24	rargaret	00	orey	//36/	71 7 Am
3. PLACE IN BA	LITIMORE MARYLAND, V	WHERE PRONOL	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	f institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOC	ITAL OR INSTITU	UTION, GIVE STREET	md. Balt.	1206
					NSIDE CITY LIMITS?
UNI	ON MEMOR	RIAL :	HOSPITAL	Balt.	YES NO
1-1-1-1				E. STREET AND NUMBER	
7				2006 maryland	Ave. Art 6
SEX	6. RACE	15			
· SEA	O. KACE	MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1	W	WIDOWED	DIVORCED	55	Trous Trous
A. USUAL OCC	CUPATION (Give kind of wor			11. BIRTHPLACE (State or foreign country)	1000
one during most o	f working life, even if retired)				12. CITIZEN OF WHAT COUNTRY
SALAD	LADY	Hat	21	Pennsylvania	U.S.A.
3. FATHER'S NA	ame -	7		14. MOTHER'S MAIDEN NAME	
				7	
es, no or unknow	d Ever in U. S. Armed For m) (If yes, give war or dote	rces? les of servicel	SECURITY NO.	17. INFORMANT	ADDRESS
1	7 5 11 41. 40.1		JECONIU NO.	Showon Ropers 3407 R	204Stou Hue
-		6		0	
18. 5 5	12.91		CAUSE OF DEATI	H	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DE	INTOTIV			BETWEEN ONSET AND DEATH
Distr	LEADING TO DEATH				, , ,
/The		•	(A) IMMEDIATE CAU	ISE Liver disease? ACONSEQUENCE OF:	metastate / 41 (
hand feiture	not mean the mode of	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	- sustin
injury or co.	, asthenia, etc. It means mplication which caused	s me disease,			16/1.0
					1
	ANTECEDENT CAUSES	S	Pacce	comply and and	+ 6
DISEASES	OR CONDITIONS, If	mess sistem	(8) (B) (B) (B) (B)	A CONSEQUENCE OF:	M.L.
rice to the	te above cause (A)	uny, giving	DOE 10, OK A3	A CONSEQUENCE OF:	i i
	G CONDITION lost	siding me	(6)		
	e continen last		(C)	***************************************	***************************************
	11				
OTHER SIGNI	FICANT CONDITIONS CO	DNTRIBUTING			
IO THE DEA	TH BUT NOT RELATED TO T	THE TERMINAL			
DISEASE OR C	F OPERATION 198 CON		duct con	120 A	
INA DATE OF	P OPERATION 119% CON	REORMED	WHICH OPERATION	20A AUTOPSY? (Yes of No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	Tiple tun			1/ CERTIFIED	
1				166	DADJES OF DEATH.
21A. ACCIDE	NT WAS UNDERLYING	7 218	PLACE OF INTHEVAL	or about 21C. WHERE DID.	
OR CONTRIB	ENT WAS UNDERLYING	21B,	PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID (If In Baltin	nere City, give exect location)
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examined	21 B. home etc.)	PLACE OF INJURY (e.g., in b, form, foctory, street, of	n or about 21 C. WHERE DID (If In Sollin fice bidg., INJURT OCCUR?	
OR CONTRIB	y medical examined	etc.)			
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)  (Month) (Doy) (Year)	etc.)	PLACE OF INJURY (e.g., ire, form, foctory, street, off	n or about 21C. WHERE DID (If In Boltin Rice bidg., INJURT OCCUR?	
OR CONTRIB DEATH (notify 21D. TIME OF INJURY	y medical examined	(Hour) 21& While	INJURT OCCURRED	215. HOW DID INJURT OCCUR?	
OR CONTRIB	y medical examined	(Hour) 21&	INJURT OCCURRED	215. HOW DID INJURT OCCUR?	nore City, givo exact location)
OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.)	y medical examinen  (Month) (Doy) (Year)	(Hour) 21& While Warl	INJURT OCCURRED  Not While k At Work	21F. HOW DID INJURT OCCUR?	nore City, givo exact location)
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OR CONTRIBION OF	y medical examinen  (Month) (Doy) (Year)	(Hour) 21& Whill Wast	INJURT OCCURRED  Not While k At Work	215. HOW DID INJURY OCCUR?	nore City, givo exact location)
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OR CONTUBE DEATH (notify 21D-TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we) ond hour an 23A. SIGNATU CALL NAME (I)	y medical examined  (Month) (Doy) (Year)  y that (1) (this hospital ) last saw the decease ad from the causes stat  URE  AN'S Typel  TAZEL  EMATION, 1248, DATE	(Hour) 21E Whit Wast of the ed alive an	INJURT OCCURRED  to At  Not While At Work  to deceased from  Not While Attention  Not While Attention  Not William   215. HOW DID INJURT OCCUR?  19	nore City, givo exoct location)	
OR CONTUBE DEATH (noish)  210-TIME OF INJURY (APPROX.)  22. I certify that (i) (we) ond hour an  23A. SIGNATU  23C. PHYSICI NAME (1)	y medical examined  (Month) (Doy) (Year)  y that (1) (this hospital ) last saw the decease ad from the causes stat  URE  AN'S Typel  TAZEL  EMATION, 1248, DATE	(Hour) 21E Whit Wast of the ed alive an	INJURT OCCURRED  Not While At Work  e deceased from  (We) (dld) (dld not) v  DEGREE Phys	215. HOW DID INJURT OCCUR?  19	plnian death accurred on the date
OR CONTUBE DEATH (noish) DEATH	y medical examined  (Month) (Doy) (Year)  y that (1) (this hospital ) last saw the decease and from the causes state  URE  CAPULE  ANT'S Typel  FAZEL  EMATION, 248. DATE (Specify)  8-4	(Hour) 21E Whill War!  War!  It attended the ed alive an  Ited abave. (1)  WAS	INJURT OCCURRED  Nos While At Work  e deceased from  (We) (did) (did nos) vi  DEGREE Phys  ME of CEMETERY of A	21F. HOW DID INJURT OCCUR?  19 19 to 19 de 10 de	apinion death accurred on the date
OR CONTUBE DEATH (nois) DEATH (nois) DEATH (nois) DEATH (nois) DEATH (nois) 210-TIME OF INJURY (APPROX.) 22. I certify that (i) (we) ond hour an 23A. SIGNATI 23C.PHYSICIA NAME (1)	y medical examined  (Month) (Doy) (Year)  y that (1) (this hospital ) last saw the decease ad from the causes stat  URE  AN'S Typel  TAZEL  EMATION, 1248, DATE	(Hour) 21E. Whill Wark  It) attended the dalive an	INJURT OCCURRED  Not While At Work  e deceased from  (We) (did) (did nos) vi  DEGREE Phys  ME of CEMETERY of DE	215. HOW DID INJURT OCCUR?  19	plantan death accurred on the date
OR CONTUBE DEATH (nois) DEATH (nois) 210-TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour an 23A, SIGNATI 23C.PHYSICIA NAME (I)	y medical examined  (Month) (Doy) (Year)  y that (1) (this hospital ) last saw the decease and from the causes state  URE  CAPULE  ANT'S Typel  FAZEL  EMATION, 248. DATE (Specify)  8-4	(Hour) 21E Whill War!  War!  It attended the ed alive an  Ited abave. (1)  WAS	INJURT OCCURRED  Not While At Work  e deceased from  (We) (did) (did nos) vi  DEGREE Phys  ME of CEMETERY of DE	21F. HOW DID INJURT OCCUR?  19 19 to 19 de 10 de	plantan death accurred on the date  23B. DATE SIGNED  Hotgard (Stote)
22. 1 certify that (I) (we) and hour an 23A. SIGNATI NAME (I)	y medical examinen  (Month) (Doy) (Year)  y that (1) (this hospital ) last saw the decease and fram the causes stat  URE  AN'S Typel  TAZEL  EMATION, 24B. DATE (Specify)  BY HEALTH DEPT.	(Hour) 21E. Whill Wark  It) attended the dalive an	INJURT OCCURRED  Not While At Work  e deceased from  (We) (did) (did nos) vi  DEGREE Phys  ME of CEMETERY of DE	21F. HOW DID INJURT OCCUR?  19 19 to 19 de 10 de	plantan death accurred on the date  23B. DATE SIGNED  Hotgard (Stote)

or things to the

A SALTIMORE	E CITY HEALTH DEPARTMENT
	ICATE OF DEATH REG. NO. 71 7366
1. NAME, OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE IN BASTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	a. Cookii
Sad Blic Call in	LINTHICHM YES NOFT
South Baltimore General Hospital	E. STREET AND NUMBER 20 Haysty Rd
5. SEX  6. RACE  7. MARRIED NEVER MARRIED  WIDOWED DIVORCES	Months Days Haurs Min.
	USTRY 11/ BIRTHPLACE (Stole or lateign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired)  13. FATHER'S NAME  A LA L. L. WANER	Md. USA
Ralph L. Lindner	14. MOTHER'S MAIDEN NAME
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give war or doles of service)  SECURITY NO.	17. INFORMANT ADDRESS
(Tes, no of unknown) (If yes, give war or doles of service)  SECURITY NO.  216-12-88	814 wile - Ruth lease as # 4
18. 16. 2 1 1 CAUSE OF 1	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE OF THE PROPERTY OF	
heart tailure, asthenio, etc. !! means the disease	OR AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	Deno Ca - Vena
tise to the above cause (A) stating the	OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C).	
II II	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
ID THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1794 DATE OF OPERATION WAS PERFORMED  214 ACCIDENT WAS UNDERLYING TO 1218 PLACE OF INJURY	20A-AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, lorm, foctory, sire	e.g., in ar obout 21 C. WHERE DID (II In Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Yeoil (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At   Not	While Wark
22. I certify that (I) (this hospital) attended the deceased fram	12 hal 102/11 12/12 - 2/-
that (i) (we) last saw the deceased alive on	19 ta 19 19 and that In(my) (aur) opinion death accurred an the date
and hour and from the causes stated above. (i) (We) (did) (did an	et) view the body after death.
23A SIGNATURE	23 B. DATE SIGNED
Jaluy & July M) DEGREE	Attending Med. Staff
23 C-PHTSI CIAM'S NAME (Type)	23D. ADDRESS
2400 BURIAL CREMATION, 1248, DATE 124C NAME OF CEMETERY OF	CREMATORY 22D IOCATION (C)
REMOVAL (Specify)	1. M. O. (1)
25A. RATE BERD BY HEALTH DEPT. 25B. NAME OF REGISTERAR	TO WALL OF SEA
AUG 6 1971 (160 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25C, FUNERAL DIRECTOR  ADDRESS OF TO
VS 150-REV. 1/1/68	- 1/1-8, 12 Dro / 12/0/200 Mas 4/222

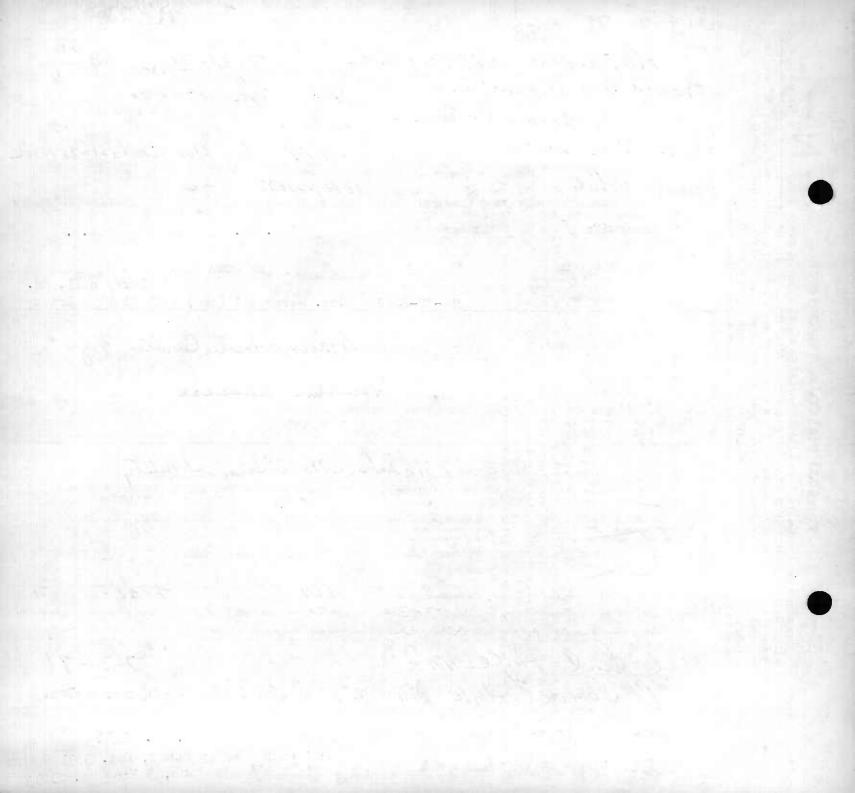


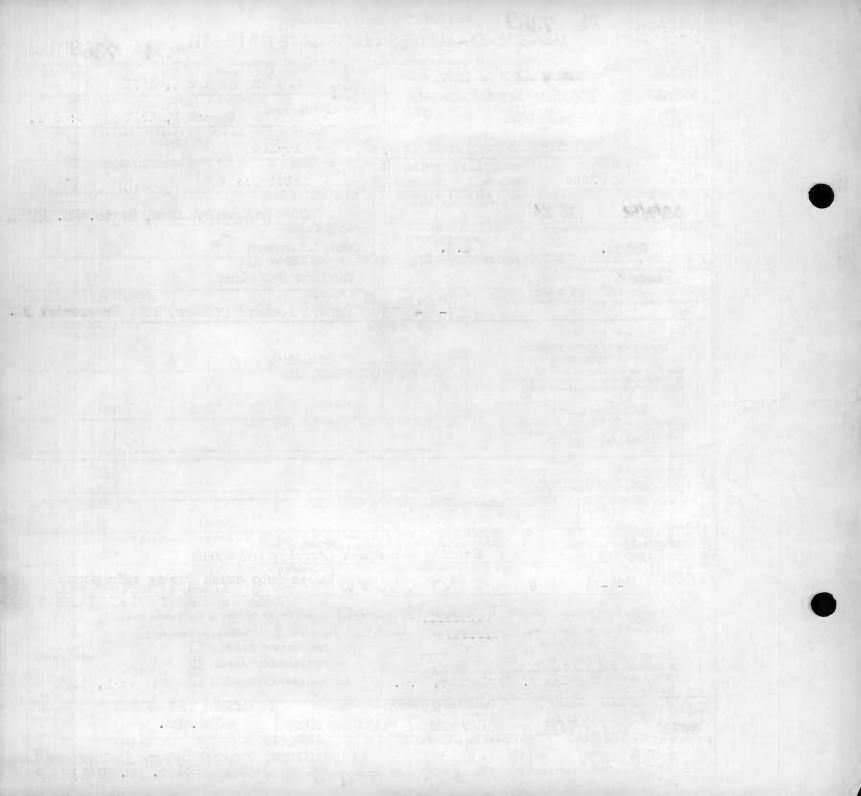


20 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before budmission) BALTIMORECO D. INSIDE CITY LIMITS? NO YES If Under 24 Hrs. If Under 1 Yr. Months: Doys 12, CITIZEN OF WHAT COUNTRY? U.S. Jos. Warzynski (son) 9911 Richlyn Drive BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact lacation) and that in(my) (our) opinion death accurred an the dote 23B. DATE SIGNED (City, tawn, or county) written shows: Was 250 Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Balto. Md. 21213 VS 150-REV, 1/1/68

(Stote)

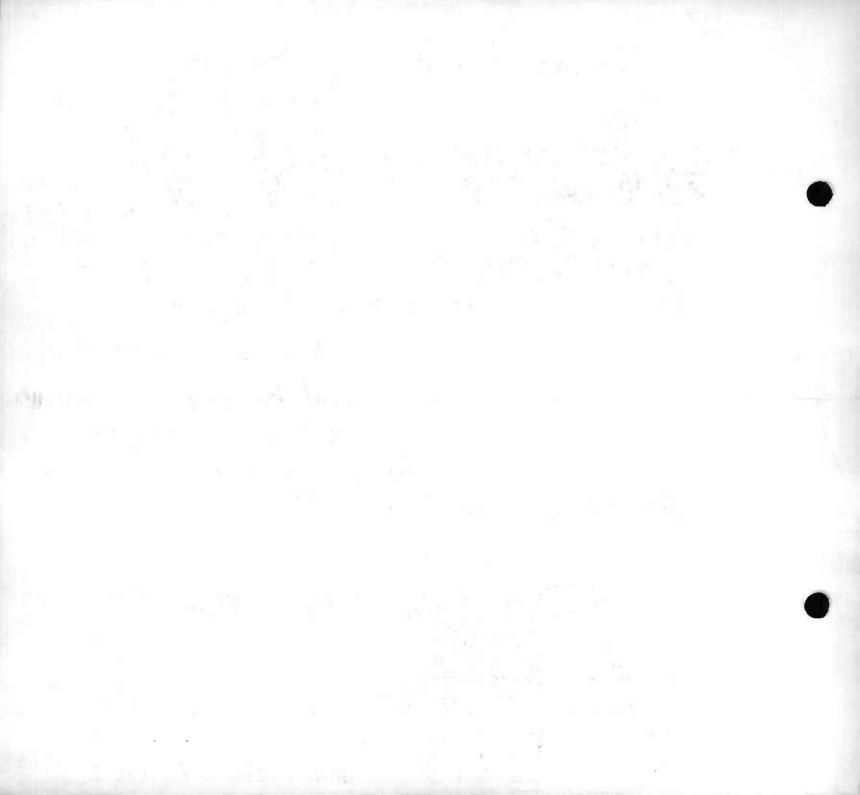
BALTIMORE CITY HEALTH DEPARTMENT





This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

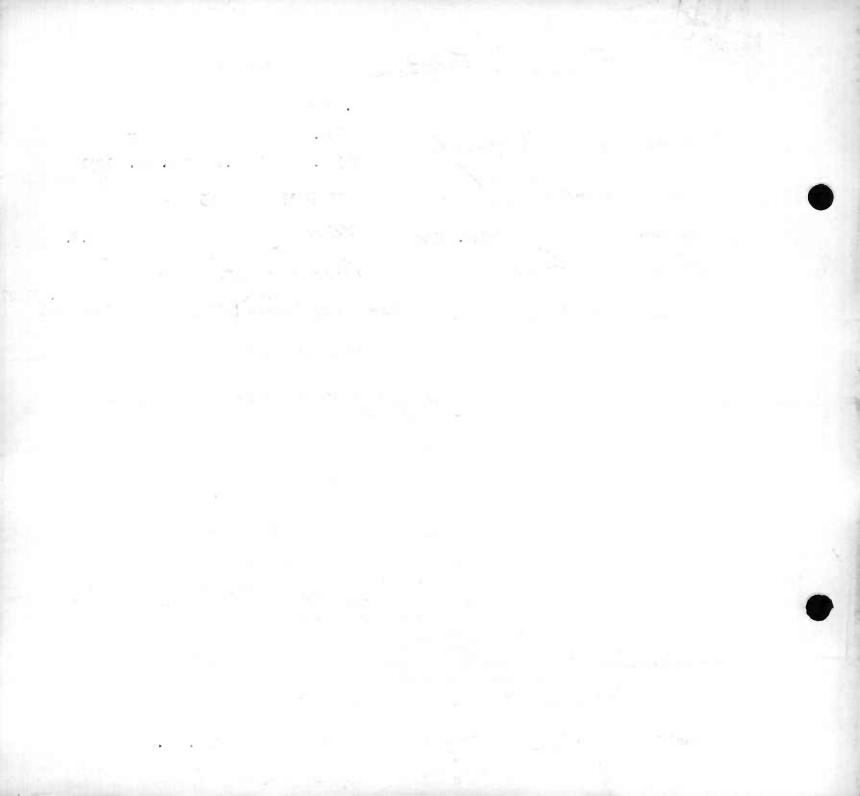
ı	BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. 71 7370 CERTIFICATE OF DEATH REG. NO. 71 7370
	1. NAME OF DECEASED (Type of Print) 2. DATE AND HOUR OF DEATH 2/3/17/0 4 3 5
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where decedsed lived, Winstitution residence before admission)  A. STARE  B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  C. CITY OR TOWN!
1	NO THE YES TO NO THE
1	MARY AND GENEVA HOSD, E. STREET AND NUMBER DRY TONA Rd.
ı	5. SEX. O. BACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 97 9. AGE (In yeors If Under 1 Yr. If Under 24 His. Months Doys Hours; Min.
	10. USUAL OCCUPATION (Give End of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISland or foreign country)   12. CITIZEN OF WHAT COUNTRY
	done during most of working life, eyen if tellred
	13. FATHER'S MAIDEN NAME
	HAPAT CHOICLES GREIF BORNANIA ROTHWAN
	15. Was Deceased Ever in U. S. Affined Forces? (Yes, no or enknown) (If yes, give wer or dates of service)  16. SOCIAL SECURITY NO.
	1110 12/3-07-714/ VAVATAU-WAITE
ı	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH  (A)IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE
	(This does not meen the mode of dying, e.g., heart foilure, osthenia, etc. It meens the disease,
	injuly or complication which coused death.)
	DISEASES OR CONDITIONS, if ony, giving  DUE 10, OR AS A CONSEQUENCE OF:  DUE 10, OR AS A CONSEQUENCE OF:
	rise to the obove couse (A) stoling the UNDERLYING CONDITION last, (c)
1	THER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS
	TO THE RIGHTECANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a).
	194. DATE OF OPERATION 178. CONDITION FOR WHICH OPERATION 20A. AUTOPSYSTEES OF No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	(1) 21A, ACCIDENT WAS HADERIVING TO 1218 BLACK OF MILITIAN AND AND AND AND AND AND AND AND AND A
	OR CONTRIBUTING CAUSE OF home, foctory, street, effice bidg. INJURY OCCUR?
1	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  White At   Not While
1	(APPROX.)  Work  At Work
	22. I certify that (1) (this hospital) attended the deceased/from
	that (i) (we) lost saw the deceased alive on
	and have and from the couses stated above. (1) (We) (did) (did not) view the bady after death.  23A. SIGNATURE
۱	Altending Med. Stoff 1
	23C. PHYS/CIAN'S NAME (Type)
	hours It show Turner III. General Hoso.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	burial 8/4/71 Oak Lawn Cemetery Balto. Md.
	AUG 6 1971 Robert & James of REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
1	VS 150-REV. 1/1/68



IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? NO If Under 1 Yt. II Un Manths! Doys Haurs li Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S. ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation) (City, tawn, at caunty) (State) ADDRESS



VS 151-REV. 1/1/68

M.H

FUNERAL DIRECTOR: IMPORTANT

C-163 71 7373	BALTIMORE CITY	HEALTH DEPARTMENT	V	
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	71 7972
1. NAME OF DECEASED			ND HOUR OF DEATH	1,46
(Type or Print) CHARLOTTE R.	CYTHERT= CYPHI		August 197	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO  ERTIFICATE  HOSPITAL OR  ADDRESS OR LOCATION)  INSTITUTION	MON, GIVE STREET	A. STATE B. COU	actinual t	nstitution: residence before odmission) SIDE CITY LIMITS?
Gould Convales-arium Baltimore, Md. 21206	8-9-71	DUNBALK Z	1221	YES NO 🔀
		268 Jr. HELE	NA AVE.	
Female Caucasian WIDOWED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF	DIVORCED [	5 Dec. 1880	9. AGE (In years lost birthday) 90	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired)	DOSINESS ON INCOSEN	Pennsylvan		U.S. A.
Peter F. Lynch		unobtainable	ME	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)	1 6. SOCIAL SECURITY NO.	0.1	hert	ADDRESS
no	CAUSE OF DEATI		hert, 204 D	etroit Ave. 21222
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(B) General	CONSEQUENCE OF:	Chai Bi .	yun.
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	e, form, foctory, street, of	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimo	re City, give exact lacotion)
₩ OF INJURY	INJURY OCCURRED  ile At Not Whith tk At Work		JURY OCCUR?	
22. I certify that (I) (this hospital) attended to	0/	, 6/11/	19 7/ to	8/9/19 11
that (I) (we) lost saw the deceased alive on		,		Inlon deoth occurred on the dot
ond hour and from the causes stoted abave. (1		ending [24 Med.	Staff Phys.	23B. DATE SIGNED 8/5/2/
		OOD ADDRESS		
23C.PHYSICIAN'S NAME (Type) Albert B. Bradley,	MD	4900 Belair	Rd. 21206	
PAME (Type) Albert B. Bradley,  24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  24C. NA	MD  DEGREE AME of CEMETERY OF CRE  Catherine's	4900 Belair		City, town, or county) (State)

<.S. 153

8-9-71

X.H.

BY Vase EN

258. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

Howard H. Hubbard, 4107 Wilkens Ave. 21229

ADDRESS

25C. FUNERAL DIRECTOR

STORY OF STREET 123 - 19-15 of the Maria Mare, 813 Containers His . The Table Company of the Table 1985 --The of the same was the same of the same o

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	(pe or Print)			S. VIZI	A	and Hour of DE	71	1 11:30
3.	PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE A. STATE B. C	Where deceased lived	. Il institution	tesidence before odr
FL	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	VIRGINIA C. CITY OR TOWN			1
	100	JOHNS HOP	KING U	OCOLTAI	ALEXANDR	IA	INSIDE CITY	_
***************************************	Inc	JOHNS HOP	KINS T	OSPITAL	6036 RIC		IGHWAY	
	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		der 1 Yr. , If Under
	emale	White	WIDOWED	DIVORGED [	12-5-1922	lost birthdoy) 48	Month	s Doys Hours
dor	ne during most of v	JPATION (Give kind al work varking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	foreign country)	12. Cf	ITIZEN OF WHAT CO
	Register	ed Nurse	Red Cr	coss	Penna.			U.S.A.
130					14. MOTHER'S MAIDEN		CHES. 453	
15.	Was Dassaud	Ever in U. S. Armed For		Snoddy	MA Ulr	ich XXXX	XXXXX	
Ye	s, no or unknown)	Ill yes, give wor or dote	es of service)	SECURITY NO.	Ima Snoddy			ADDRESS Alex
	18. / // //	WWII		176-14-1826	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	tests 6036 R	ichmond	
	1/7	E OR CONDITION DI	RECTIV	CAUSE OF DEATI	-			SETWEEN ONSET AND
	1	LEADING TO DEATH		(A) IMMEDIATE CAU	SE Palmona	vy Fulas	luc	12 /200
	heart failure,	I mean the mode of asthenia, etc. It means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:	17 - MINO	IUS	12 nou
	INJUIN OF COM							
		Dication which caused	death.)	1	,			2
	A	NTECEDENT CAUSES	death.)	(B) Possib	le pelvic c	lot; coag o	defects	P
	DISEASES O	NTECEDENT CAUSES  R CONDITIONS, if above cause (A)	death.)	(B) Possib Due to, or as	A CONSEQUENCE OF:	lot; coage	defecti	7
	DISEASES O	NTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION last.	death.)	(B) Possib Due to, or as		lot : coag a	defecti tasis	7 3 year
ON	DISEASES Onise to the UNDERLYING	NTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION last.	any, giving stating the	(C)distance	A CONSEQUENCE OF:	lot: coag o	defecti tasis	3 year
ATI	DISEASES O nise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO	NTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION last.  II CANT CONDITIONS COI BUT NOT RELATED TO TI NOTIONED TO MY PAR	any, giving stating the NTRIBUTING HE TERMINAL TO TAKE	Hyperparat	A CONSEQUENCE OF: + Carcinoma	lot: coag o E metas To by belo Dosipi	defects tasis	7 3 year 12 year
TIFICATION	DISEASES O nise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO	NTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION last.	any, giving stating the NTRIBUTING HE TERMINAL T IAI.	Hyperparat	A CONSEQUENCE OF: + Carcinoma	belo Dosigio	de fecti fasis ain. dus	3 year 12 year s considered
CERTIFIC	DISEASES O nise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO	RTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last.  II CANT CONDITIONS COI I BUT NOT RELATED TO TO NOTION GIVEN IN PAR OPERATION 198 CON WAS PERF	any, giving stating the NTRIBUTING HE TERMINAL TO I I IAI. DITION FOR WORMED	Hyperparation  PLACE OF INJURY (C.C., In	A CONSEQUENCE OF:  + Carcinoma  surjoussis  lizavidium, Des  20A. AUTOPSY? (Yes o	hela Arsipi	CAUSES OF	DEATH?
CAL CERTIFIC	DISEASES OF THE UNDERLYING  OTHER SIGNIFIT  TO THE DEATH DISEASE OR CO 19A. DATE OF  21A. ACCIDEN OR CONTRIBUT	RTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION last.  II CANT CONDITIONS COI BUT NOT RELATED TO TO MODITION GIVEN IN PAR OPERATION [198, CON	any, giving stating the NTRIBUTING HE TERMINAL TO I I IAI. DITION FOR WORMED	Hyper parally VHICH OPERATION  PLACE OF INJURY (e.g., In e., form, foctory, street, off)	A CONSEQUENCE OF:  + Carcinoma  surjoussis  lizavidium, Des  20A. AUTOPSY? (Yes o	hela Arsipi	CAUSES OF	3 year  1 ± year  s considered DEATH?
CAL CERTIFIC	DISEASES ON THE UNDERLYING  OTHER SIGNIFITO THE DEATH DISEASE OR CO.  19A. DATE OF  21A. ACCIDEN OR CONTRIBUTOR CO	RTECEDENT CAUSES  R CONDITIONS, ii above cause (A) CONDITION last.  II CANT CONDITIONS COI BUT NOT RELATED TO TO INDITION GIVEN IN PAR OPERATION 19R CON WAS PERF	any, giving stating the Statin	Hyper parally VHICH OPERATION  PLACE OF INJURY (e.g., In e., form, foctory, street, off)	A CONSEQUENCE OF:  + Carcino ma  suppress  lyporthism  20A. AUTOPSY? (Yes o  Y O  or about 21 C. WHERE DI ice bidg. INJURY OCCUI	beta Arsigio	CAUSES OF	DEATH?
AEDICAL CERTIFIC	DISEASES O nise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH- DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBUT DEATH (notify)	RTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION last.	any, giving stating the NTRIBUTING HE TERMINAL TO I 1 (A). DITION FOR WORMED	PLACE OF INJURY (e.g., in soliton)  PLACE OF INJURY (e.g., in soliton), street, off  INJURY OCCURRED  Re At Not While	A CONSEQUENCE OF:  TO A CLINO MA  Supposed A  Paradam Da  20A. AUTOPSY? (Yes o  NO  or obout 21 C. WHERE DI ice bidg. INJURY OCCUI	hela Arsipi	CAUSES OF	DEATH?
MEDICAL CERTIFIC	DISEASES ON THE TO THE SIGNIFIT TO THE DEATH DISEASE OR CO.  19A. DATE OF CONTRIBUTOR CONT	NTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION last.  CONDITION last.  CANT CONDITIONS COL BUT NOT RELATED TO TO NOTION GIVEN IN PAR OPERATION 178 CON WAS PERF  T WAS UNDERLYING TING CAUSE OF medical examines)  (Month) (Doy) (Yeal)	any, giving stating the Statin	PLACE OF INJURY (e.g., In on, form, foctory, street, off INJURY OCCURRED Not While At Work	A CONSEQUENCE OF:  CANCINO MA  SUPPLIES OF  LOCAL AUTOPSY? (Yes of obout 21 C. WHERE DI  CONTROL OF OCCUPANT OC	bela Argini  No) 208 IF YES WI IN CERTIFYING  (If In Ball	CAUSES OF	Ive exocl locotton)
MEDICAL CERTIFIC	DISEASES ON THE UNDERLYING  OTHER SIGNIFIT TO THE DEATH- DISEASE OR CO.  21A. ACCIDEN OR CONTRIBUT DEATH (notify to 1)  21 D. TIME OF INJURY (APPROX.)	RTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION last.	any, giving stating the Statin	PLACE OF INJURY (e.g., In on, form, foctory, street, off INJURY OCCURRED Not While At Work	A CONSEQUENCE OF:  Carcino ma  Supposed in Des  20A. AUTOPSY? (Yes of obout 21 C. WHERE DI  21F. HOW DID  Thug	belas Arsigai (No) 20B. IF YES. WI IN CERTIFYING (If In Balt INJURY OCCUR?	CAUSES OF	Ve exoci locotion)
MEDICAL CERTIFIC	DISEASES ON ise to the UNDERLYING  OTHER SIGNIFIT TO THE DEATH DISEASE OR CO.  19A. DATE OF CONTRIBUT DEATH (notify (APPROX.)  22. I certify the contribution of the c	NTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION last.	any, giving stating the NTRIBUTING HE TERMINAL TO A LONG TO TO A LONG TO A L	VHICH OPERATION  PLACE OF INJURY (e.g., In g., form, foctory, sheet, off injury occurred had been at Work edeceased from any	A CONSEQUENCE OF:  CANCINO MA  SUPPLIES OF  120A. AUTOPSY? (Yes of obout 121 C. WHERE DI  100 bldg. INJURY OCCUI  21F. HOW DID	Leta Dasipi  No) 208. IF YES, WI IN CERTIFYING  (If In Balt  INJURY OCCUR?  19 7/ ta ( that In (my) (our)	CAUSES OF	Ve exoci locotion)
MEDICAL CERTIFIC	DISEASES OF THE UNDERLYING  OTHER SIGNIFITO THE DEATH-DISEASE OR CO.  19A. DATE OF  21A. ACCIDEN OR CONTRIBUT DEATH (notify of INJURY (APPROX.)  22. 1 certify the contribut that (I) (we) !	NTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION last.	any, giving stating the NTRIBUTING HE TERMINAL TO A LONG TO TO A LONG TO A L	PLACE OF INJURY (e.g., in e., form, foctory, street, off injury occurred to the case of th	a consequence of:  Carcino ma  Lypochemy Des  20A. AUTOPSY? (Yes of the bidge, INJURY OCCUP  21F. HOW DID  21F. Ho	Leta Dasipi  No) 208. IF YES, WI IN CERTIFYING  (If In Balt  INJURY OCCUR?  19 7/ ta ( that In (my) (our)	lmore City, gl	Ve exoci locotion)
MEDICAL CERTIFIC	DISEASES ON THE UNDERLYING  OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. DATE OF  21A. ACCIDEN OR CONTRIBUT DEATH (notify of INJURY (APPROX.)  22. I certify the (T) (we) If	NTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION last.	any, giving stating the NTRIBUTING HE TERMINAL TO A LONG TO TO A LONG TO A L	VHICH OPERATION  PLACE OF INJURY (e.g., In g., form, foctory, sheet, off injury occurred had been at Work edeceased from any	A CONSEQUENCE OF:  Carcino ma  suppress  landidum Da  20A. AUTOPSY? (Yes o  20A. AUTOPSY? (Yes o  10 or about 21 C. WHERE DI  10 ice bidg. INJURY OCCUI  21F. HOW DID  21F. HOW DID  21F. How did  49 \$\frac{1}{2}\$ and  ew the bady after dea	Leta Dasipi  No) 208. IF YES, WI IN CERTIFYING  (If In Balt  INJURY OCCUR?  19 7/ ta ( that In (my) (our)	Imore City, gl	Te SIGNED
MEDICAL CERTIFIC	DISEASES ON ise to the UNDERLYING  OTHER SIGNIFIT TO THE DEATH DISEASE OR CO.  19A. DATE OF CONTRIBUT DEATH (notify (APPROX.)  22. I certify the contribution of the c	NTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION (A) CONDITI	any, giving stating the NTRIBUTING HE TERMINAL TO A LONG HE LO	PLACE OF INJURY (e.g., Ing., form, foctory, sheet, off  INJURY OCCURRED  At Work  At deceased from  (We) (did) (did not) vi  Attention of the property of the	A CONSEQUENCE OF:  Carcino ma  Supposed in 120 A. AUTOPSY? (Yes of about 121 C. WHERE DI  ce bldg. INJURY OCCUI  21F. HOW DID  21F. HOW DID  Med. Director Care  Med. Director Care  3D. ADDRESS	INJURY OCCUR?  19 7/ ta (that In (ny) (our)  Shelfs Arsignia	CAUSES OF	The exoci location   192   192   192   192   193   194   195
MEDICAL CERTIFIC	DISEASES ON ise to the UNDERLYING  OTHER SIGNIFIT TO THE DEATH DISEASE OR CO.  19A. DATE OF  21A. ACCIDEN OR CONTRIBUT DEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. I certify the thorough of the thorou	NTECEDENT CAUSES  R CONDITIONS, ii above cause (A) CONDITION last.	any, giving stating the NTRIBUTING HE TERMINAL I IAI. DITION FOR WORMED    218, home etc.]  (Hour 21E, Whill Work) attended the dollve on ed abave. (1)	PLACE OF INJURY (e.g., in e., form, foctory, street, off injury occurred hat Work e deceased from	A CONSEQUENCE OF:  Carcino Massequence  Lancidam, Da  20A. AUTOPSY? (Yes o  21F. HOW DID  21F. HOW DID  21F. How DID  Management of the bady after dea  ding Med. Director  THE JOHN	Leta Arsipi  Not 208. IF YES WIN CERTIFYING  (If In Ball  INJURY OCCUR?  19 7/ ta  that In (my) (our) th.  Shoff Phys.	Imore City, gl	The exoci location   192   192   192   192   193   194   195
MEDICAL CERTIFIC	DISEASES ON THE UNDERLYING  OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. DATE OF  21A. ACCIDEN OR CONTRIBUT DEATH (notify of INJURY (APPROX.)  22. I certify the (T) (we) If	NTECEDENT CAUSES  R CONDITIONS, ii above cause (A) CONDITION last.	any, giving stating the NTRIBUTING HE TERMINAL I I I IA. DITION FOR WORMED  218, home etc.)  (Hour) 21E, Whit Word ) attended the delive on ed abave. (I)  HODOU	PLACE OF INJURY (e.g., Inc., form, foctory, sheet, off  INJURY OCCURRED  At Work  At Care  (We) (did) (did not) vi  M. D., Atten  Phys.  M. D.,  12	a CONSEQUENCE OF:  Carcino massing parasas  Paparasas	INJURY OCCUR?  19 7/ ta (that In (ny) (our)  Shelfs Arsignia	CAUSES OF	TAL  OF EXAMPLE OF COUNTY   CSIGNED

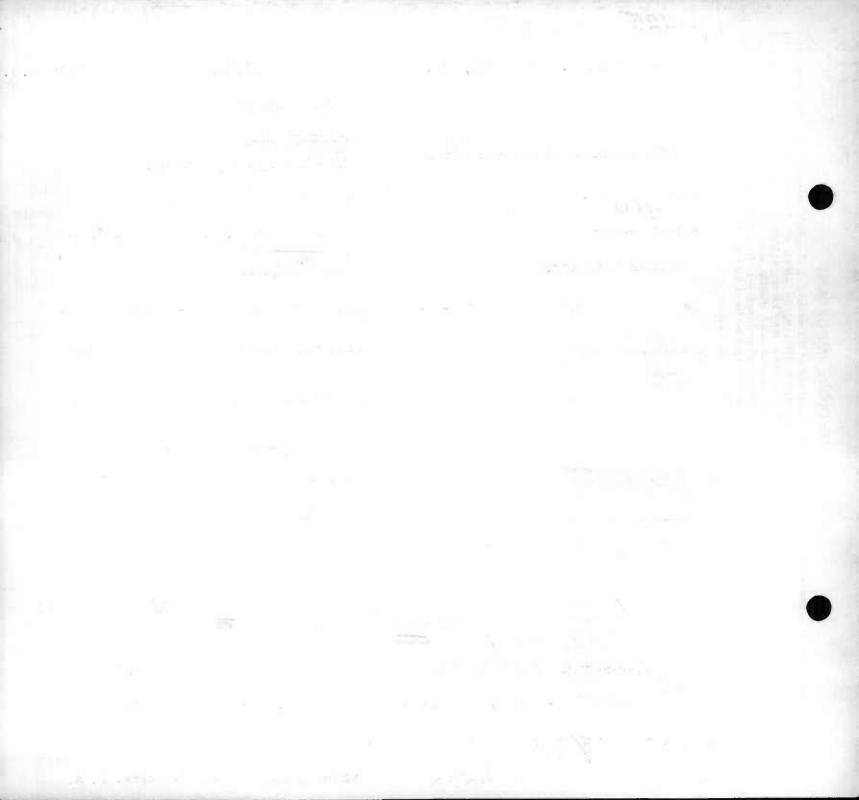
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

4-4	35 74	737	BALTIMORE CITY			X REG. NO.	71 7	376
BINTH NO.	./ 4	10.	CERTIFICA	IE OF D		1		
Type or Print)	Earl J. H	Iallia	an MD			NO HOUR OF DEATH		
3. PLACE IN I	ALTIMORE MARYLAND, V	VHERE PRON	OUNCED DEAD	4. USUAL RESID	PENCE (Who	/3/71	-titutiam a sid	7:40 p-m
				A. STATE	B. COU	ere doceosed lived. If in	sillulion; reside	ance before odmission)
FULL NAME ( HOSPITAL OR INSTITUTION	ADDRESS OR LOC	AL OR INST	ITUTION, GIVE STREET	C. CITY OR TOW	Jerse	-		104/
							YES T	
Th	e Johns Hopk	ins H	osnital	Jerse E. STREET AND	NUMBER	-У	153	NO [_]
		1112 11	Ospital	254 N	1on tg	mery Stree	et	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRT	н	9. AGE IIn yours	If Under 1	Yr. If Under 24 Hrs. ys Hours Min.
Male	Cau.	WIDOWE	DIVORCED [	3/1/93	3	70	Monins Do	ys Hours Min.
Tone couling those	or working line, even it teilted)	108 KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	Stole or fore	ign country)	12. CITIZEN	OF WHAT COUNTRY?
Medica:	Doctor			Jerse	y City	, N. J.	D.	S. A.
3. FATHER'S N	AME			14. MOTHER'S A				
	mas Halligan			Mary	Dalto	on		
5. Wos Deceas	ed Ever in U. S. Armod For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			AD	DRESS
No	None		141-30-6489	Miss Luc	111e C	regione - W	oodstoc	le Mel
18.	12 9		CAUSE OF DEATH		1116 6.	Laziana - W		PPROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY		0 T D			BETW	EEN ONSET AND DEATH
(This Jane	LEADING TO DEATH		(A)IMMEDIATE CAUS	G.I. B	PEEDTI	NG		DAYS
heori lailur	nol meon the mode of a, asthenia, etc. Il means	the disease	/. /	CONSEQUENCE	OF:			
injury or c	omplication which caused	death.)		III NAME	7 Dati	TIDE		
	ANTECEDENT CAUSES		(B)	HEPATIO		JURE		WEEKS
DISEASES rise Ja	OR CONDITIONS, il	any, giving	(B) DUE TO, OR AS	CONSEQUENCE	OF:	***********************		/*************************************
UNDERLYII	NG CONDITION lost.	Jionnag Into	(c)					
	- 11							
OTHER SIGN	IFICANT CONDITIONS COL	E TERMINIAL		C.V.A.				WEEKS
DISEASE OR	CONDITION GIVEN IN PARTIES OPERATION 198 CON	[ (A) ]	WILLIAM OF THE STREET		***************************************			*****************
OTHER SIGN TO THE DE DISEASE OR 19A. DATE OF	WAS PERF	ORMED	WHICH OFEKATION	20 A. AUTOPSY		IN CERTIFYING CAU	NDINGS CON	HSIDERED
21A. ACCID	ENT WAS UNDERLYING DEUTING CAUSE OF	211	R. PLACE OF INJURY le.g., in	or about 21C WH	ERE DID			NO
DEATH Inoti	fy modical examiner	hor	ne, torm, toctory, street, ditt	co bldg. INJURY	O C CU R?	(If In Boltimoro	City, give exo	ci locollon)
21D-TIME	IMonth)  Doy)  Yeor)	IHour 21E	INJURY OCCURRED	215 1101	44 p.tp. fast			
OF INJURY		W	hile Al   Not While		M DID INT	URY OCCUR?		
		We		-				
Above 18 1	y that (f) (this haspital)	attended t	he deceosed from	7/1	1	9_71 to_8/3	/	19_71
that (r) (we	) last sow the decease	d alive an	August 3	19 <u>71</u>	and the	at In (aur) opini	lan death oc	curred on the date
and hour a	nd from the couses state	ed obove.	(We) (dld)	w the body aft	er deoth.			
23A-310NA		0	A 6.00 Aug.	**			23 B. DATE SIG	
22C Buyere	Revent C.	190011.	ON MD DEGREE Phys.	Dire	clor	Shaff Phys.	8/4/7	1
NAME	Type Robert C	Bast	M D	D. ADDRESS	1			
(A BUSTON	ANS Typo) Robert C.	Dast,	M.D.			opkins Hos	pital	
REMOVAL	(Specily)	24C.N	WINE OF CEMPTERS OF CREW		24D. LC	CATION (City,	lown, or cou	onty) (Stote)
2 0 Who 7/	- Burialgf7/	7/	Holy Name Ce		Jer	sey City, Ne	w Jerse	ev.
			OF REGISTRAR	25C. FUNERAL	DIRECTOR	8728 Liberty	Road A	DDRESS 2113
AUG	1000	3 E. Va.	Ben Mar DO	Loring	vers	Funeral Direc	ctors,	P. A.



FUNERAL DIRECTOR: IMPORTANT

3	3-160	)			Y HEALTH DEPARTMENT	X	74
BII	RTH NO.	71	737	7 CERTIFICA	TE OF DEATH	REG. NO.	13//
1,1	NAME OF DECE	ASED			2. DATE AL	ND HOUR OF DEATH	
(1)	pe or Print)	DRACE	E A. Pe	FILER	D-	3-21	1 0000
3,	PLACE IN BALT	IMORE, MARYLAI	ND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	the deceosed lived. If instit	vition: rasidence before admission)
II H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN H	OSPITAL OR IN	ISTITUTION, GIVE STREET	C. CITY OR TOWN	BALTO.	C TY
ı.	1 A 11				RANDACLST		ES NO -
1	T 8 M	aryland G	eneral H	ospital	E. STREET AND NUMBER	REENS LA	4/= 21133
5.	SEX	6. RACE	7. AA A DE	NED CALTURE MARRIED C	8. DATE OF BIRTH		VE
	M	W	WIDO		5-12-17	lost birthdoy)	f Under 1 Yr. If Under 24 His.
10/	USUAL OCCU	PATION (Give kind orking life, even if re	of work 10B, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	ign country)	12. CITIZEN OF WHAT COUNTRY
	ENGIN	EER	AA	I Corp-	USA (	MD.)	USA
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN NA	ME	
	Greenbe	erry	Sevie	r	Rosa	Johnson	
15.	Wes Deceased	Ever in U. S. Arm	ed Forces?	1 6- SOCIAL	17. INFORMANT		ADDRESS
11.6	No or unknown)	Not			11-00-		
-	18,	1101	ile	212-07-726	MOSPITA	C CHART	
	161	OR CONDITIO	AL DISCOULS	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	L	EADING TO DE	ATH		Maccide	04 -6 111	
	!This does na	I meen the mad	de of dying,	e.g., (A) IMMEDIATE CAL	ISE METASTATIC A CONSEQUENCE OF:	, crt or cu	MG ONE MON;
	heort failure, a	sthenia, etc. It n licotion which co	neans the dise	ase,	ISE METASTATIC A CONSEQUENCE OF: TO CENIC CA	@ 11.N/-	
		NTECEDENT CA		Blonce	to GENIC CA	GO COULD.	
				(B)	A CONSEQUENCE OF:	**************	*******
	rise to the	CONDITIONS,	(A) sloling	ing DUE 10, OK AS	A CONSEQUENCE OF:		
	UNDERLYING	CONDITION las	it.	(c)			
_		II					
NOL	OTHER SIGNIFIC	BUT NOT RELATED	S CONTRIBUTI	NG			
AT	DISEASE OR CO	NDITION GIVEN II	N PART 1 (A).				
CERTIFIC	1)	WAS	S PERFORMED	OR WHICH OPERATION	20A. AUTOPST? IYOS OF NO	IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
	21 A. ACCIDENT OR CONTRIBUT DEATH (natify n	WAS UNDERLYI	NG 🗌	21B. PLACE OF INJURY leage, i home, form, foclory, street, of etc.)	n or about 21 C. WHERE DID	(If In Boltimore Ci	lty, give exoct location)
EDI	21 D. TIME (	Month) (Day) (	Year)  Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
٤	IAPPROX.)			While At Not While	П		
	22 1 46 4	. 113 (. 6. )	4-11	Work L Al Work			
		est saw the dec		ed the deceosed from		19 7/ to 8 -	3 19 71
				0		or in (my) tone) abinion	n deoth occurred an the dote
	23A. SIGNATUR	rom the causes	Stoted abaye	. (I) (We) (did) (did nat) v	lew the bady ofter death.		
	111	D	n.	Alle	nding Med.		B, DATE SIGNED
-	23C-PHYSICIAN NAME ITYP	u/-,	Mage	C DEGREE Phys	Director L	Shaff Phys.	8-3-71
	1		2 000	4 12 11 2	222	112	
24A	WA R	ATION, 24B, DAT		GID M. DOEGREE	MD, GEN.		
_ ***	REMOVAL (Sp.	ecityl		NAME of CEMETERY of CRE	MAIORY 24D. LC	OCATION ICity, to	own, or county) (Stole)
	Burial		1971	Woodlawn Cemete	ry Woo	dlawn, Maryla	ind
25A	DATE REC'D B	Y HEALTH DEPT.	3 diam.	AL OF REGISTRAL	25C. FUNERAL DIRECTOR	8728 Tibontes	Dood ADDRESS
	AUG 6	9971 12	Red E. To	Ben ALD	Loring Byers 1	uneral Disca-	noau ZII
1/5	150-REV. 1/1/68	1.000			3 -3 -2 - 1	WITETET DILECT	UIS, F. A



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (0) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This	show	SD.	dece	1

	EASED TO THE	40130				
Type or Print)	EASED OF THE	13/8	CERTIFICA	TE OF DEATH 9	REG. NO	/3/8
	SUMEY	HU	RLEY	2. DATE AN	HOUR OF DEATH	17.25 a
	TIMORE MARYLAND, V			4. USUAL RESIDENCE (Where	deceased lived. If institu	tion; rasidence before admission
FULL NAME OF HOSPITAL OR NSTITUTION		TAL OR INSTIT	UTION, GIVE STREET	HARYLAND C. CITY OR TOWN	D. INSIDE	2765
UNIC	ON MEMO	RIAL	HOSPITAL	BALTIMOR, E. STREET AND NUMBER -	BUCHANA.	S NO
SEX				1,500		
H	6. RACE	WIDOWED		9-14-10	60	Under 1 Yr. If Under 24 Hrs onths Doys Hours Min.
one during most of	SPECTOR	PERIN OF	CENTRA LINESTRY ROAD	11. BIRTHPLACE (Stole or loreig		AHERICAN
3. FATHER'S NA				14. MOTHER'S MAIDEN NAM	IE	
	RLES HU		/	/	ROUT	
No No	Ever in U. S. Armed Fo.	rces? es of servicei	16. SOCIAL SECURITY NO. 1717-09-7996	HARIE E.	HURLEY	SAME
18. // //	0 6		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEAS	SE OR CONDITION DI	RECTLY		0 = 0 =		BETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A)IMMEDIATE CAU	CARDIAC	ARREST	-
(This does n	of mean the mode of osthenia, etc. It meons	dying, e.g.,		A CONSEQUENCE OF:	.7.(7130)	
	osmenia, eic. it meons iplication which coused					
1	ANTECEDENT CAUSES		HVO	PRADDIAI IN	VEADOTION	V-
DISEASES C	OR CONDITIONS, il	anv. civina	DUE TO, OR AS	CARDIAL IN	11/1/101	v
rise to the	above cause IA)	stating the		TO THE CONTRACT OF THE CONTRAC		
UNDERLYING	G CONDITION lost.		(C)			
OTHER SIGNIF	II CANT CONDITIONS CO H BUT NOT RELATED TO T	HE TERMINAL				
TO THE DEAT	II  CANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 19PE. CON WAS PER	HE TERMINAL RT 1 (A). IDITION FOR 1	WHICH OPERATION	20 A. AUTOPSY? (Yes or Mo)	20B, IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify	H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 119B. CON	HE TERMINAL RT 1 (A). IDITION FOR 1 FORMED	PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or Mo)		INGS CONSIDERED OF DEATH?  y, give exact location)
19A-DATE OF 21A-ACCIDEN OR CONTRIBU DEATH (notify) 21D-TIME	H BUT NOT RELATED TO TO ONDITION GIVEN IN PART OPERATION 19% CON WAS PER	HE TERMINAL RT 1 (A). IDITION FOR 1 FORMED  21B. homelet.	PLACE OF INJURY (e.g., in	n or obout 21C, WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore Cit	
19A-DATE OF  21A-ACCIDEN OR CONTRIBU DEATH (notify) 21D-TIME OF INJURY	H BUT NOT RELATED TO TO TO NOTITION GIVEN IN PART OFFRATION 198. CON WAS PER NT WAS UNDERLYING THING CAUSE OF medical examined	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED  21B, hom etc. (Hour) 21E, Whi	PLACE OF INJURY (e.g., in e.g., in foctory, street, of injury occurred its Atman Not While	nor obout 21C, WHERE DID ince bldg, INJURY OCCUR?	(If In Boltimore Cit	
219A-DATE OF 21A-ACCIDEN OR CONTRIBU DEATH (notify) 21D-TIME OF INJURY (APPROX.)	H BUT NOT RELATED TO TO NOTITION GIVEN IN PART OPERATION 198. CON WAS PER NT WAS UNDERLYING TING CAUSE OF medicol examined (Month) (Doy) (Year)	HE TERMINAL RI JA). IDITION FOR V FORMED    218, hom etc.   (Hour)   21E, Whi	PLACE OF INJURY (e.g., in e.g., lorm, foctory, street, of INJURY OCCURRED Not While At Work	n or obout 21C, WHERE DID fice bidg, INJURY OCCUR?	(If In Boltimore CIT	y, give exact location)
219A-DATE OF 21A-ACCIDEN OR CONTRIBU DEATH (notify 21 Time OF INJURY (APPROX.) 22. I certify	H BUT NOT RELATED TO TO NOTIFIED	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED  21B, hem etc. (Hour) 21E, Whi Wo  1) attended to	PLACE OF INJURY (e.g., in e.g., lorm, foctory, street, of INJURY OCCURRED its At Work in deceased from	21F. HOW DID INJU	(If In Boltimore CIT	y, give exact location)
219A-DATE OF 21A-ACCIDEN OR CONTRIBU DEATH (notify 21 Time OF INJURY (APPROX.) 22. I certify	H BUT NOT RELATED TO TO NOTITION GIVEN IN PART OPERATION 198. CON WAS PER NT WAS UNDERLYING TING CAUSE OF medicol examined (Month) (Doy) (Year)	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED  21B, hem etc. (Hour) 21E, Whi Wo  1) attended to	PLACE OF INJURY (e.g., in e.g., lorm, foctory, street, of INJURY OCCURRED Not While At Work	21F. HOW DID INJU	(If In Boltimore CIT	y, give exact location)
219A-DATE OF 21A-ACCIDEN OR CONTRIBU DEATH (notify 21D-TIME OF INJUST (APPROX.) 22. I certify that (1) (we)	H BUT NOT RELATED TO TO NOTIFICATION GIVEN IN PART OPERATION 198 CON WAS PER NT WAS UNDERLYING LITING CAUSE OF medicol examined  (Monthl (Doy) (Year)  that (1) (this hospital last saw the decease	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED  21B, hom etc. (Hour) 21E, Wh Wo  1) attended the	PLACE OF INJURY (e.g., in e., lorm, foctory, street, of INJURY OCCURRED  lie At	21F. HOW DID INJU	(If In Boltimore CIT	y, give exact location)
219A-DATE OF 21A-ACCIDEN OR CONTRIBU DEATH (notify 21D-TIME OF INJUST (APPROX.) 22. I certify that (1) (we)	H BUT NOT RELATED TO TO NOTIFICATION GIVEN IN PART OPERATION 1985. CON WAS PER NT WAS UNDERLYING LITING CAUSE OF medicol examined  (Monthl (Doy) (Year)  that (1) (this hospital last saw the deceased from the causes star	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED  21B, hom etc. (Hour) 21E, Wh Wo  1) attended the	PLACE OF INJURY (e.g., in e., lorm, foctory, street, of INJURY OCCURRED le At Not While At Work he deceosed from	21F. HOW DID INJU	(If In Boltimore CIT  RY OCCUR?  toto  t in (my) (aur) apinion	y, give exact location)  19  death accurred on the day
219A.DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D.TIME OF INJUST (APPROX.) 22. I certify that (1) (we) and hour and	H BUT NOT RELATED TO TO NOTIFICATION GIVEN IN PART OPERATION 1985. CON WAS PER NT WAS UNDERLYING LITING CAUSE OF medicol examined  (Monthl (Doy) (Year)  that (1) (this hospital last saw the deceased from the causes star	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED  21B, hom etc. (Hour) 21E, Wh Wo  1) attended the	PLACE OF INJURY (e.g., in e., lorm, foctory, street, of INJURY OCCURRED  INJURY OCCURRED  ILLE AT Not While At Work  The deceosed from	21F. HOW DID INJU	(If In Boltimore CIT  RY OCCUR?  to  t in (my) (aur) apinion  238	y, give exact location)
219A.DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D.TIME OF INJUST (APPROX.) 22. I certify that (1) (we) and hour and	H BUT NOT RELATED TO TO NOTIFICATION GIVEN IN PART OPERATION 1985. CON WAS PER NT WAS UNDERLYING LITING CAUSE OF medicol examined  (Monthl (Doy) (Year)  that (1) (this hospital last saw the decease of from the causes star of the cause star of the	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED  21B, hom etc. (Hour) 21E, Wh Wo  1) attended the	PLACE OF INJURY (e.g., in e.g., lorm, foctory, street, of INJURY OCCURRED like At Mork he deceosed from	21F. HOW DID INJU	(If In Boltimore CIT  RY OCCUR?  toto  t in (my) (aur) apinion	y, give exact location)  19  death accurred on the date
219A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	HEUT NOTRELATED TO TO NOTIFICATION GIVEN IN PART OPERATION 198E CON WAS PER NT WAS UNDERLYING LITING CAUSE OF medicol examined (Month) (Doy) (Year) that (1) (this hospital last saw the decease of from the causes startless of the causes of the cause startless of the causes of the causes of the cause of the cause of the cause of the causes of the cause of the cause of the causes of the cause of t	HE TERMINAL RT 1 (A). IDITION FOR 1 FORMED    218, homete.   (Hour) 21E, Wh.   Wo.   (Hour) 21E, wh.   (Hour	PLACE OF INJURY (e.g., in e.g., lorm, foctory, street, of INJURY OCCURRED ite At Not While At Work he deceased from S-  (We) (did) (did not) v  DEGREE Phys	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 3 21F. HOW DID INJU 3 3 3 4 5 7 7 7 8 19 7 9 8 19 7 9 8 10 10 10 10 10 10 10 10 10 10 10 10 10	(If In Boltimore CIT  RY OCCUR?  to  t in (my) (aur) apinion  toff hys	y, give exact location)
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21A. ACCIDENT OF CONTRIBUTION	H BUT NOT RELATED TO TO NOTIFICATION GIVEN IN PART OPERATION 19 R. CON WAS PER IT WAS UNDERLYING LITING CAUSE OF medicol examined  (Monthl (Day) (Year)  that (1) (this hospital last saw the decease of from the causes startly per 10 medicol examined)  The way the decease of from the causes startly per 10 medicol examined  MATION, 248. DATE Specify) 8/6/7	HE TERMINAL RI (A).  HE TERMINAL RI (A).  HE TERMINAL RI (A).  HE TERMINAL RI (A).  HOURS POR YELL  HOURS POR YELL  HOURS POR YELL  HOURS POR YELL  HE TERMINAL RI (A).  HE TERMI	PLACE OF INJURY (e.g., in e.g., lorm, foctory, street, of INJURY OCCURRED the At Work he deceosed from South Physics of CERET	21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJU 2 2 3 - 1 15 2 19 7 and the fiew the bady after death.  Adding Med. Director P  3D. ADDRESS  MATORY 24D. LO	(If In Boltimore CIT  RY OCCUR?  to  t in (my) (aur) apinion  toff hys	death accurred on the day  DATE SIGNED  8-3-7/  wn, or county) (Stote)
21A. ACCIDENT OF CONTRIBUTION	H BUT NOT RELATED TO TO NOTIFICATION GIVEN IN PART OPERATION 1985 CON WAS PER NT WAS UNDERLYING LITING CAUSE OF medicol examined  (Monthl (Doy) (Year)  that (1) (this hospital last saw the decease of from the causes stated from the cause stated from the caus	HE TERMINAL RI (A).  HE TERMINAL RI (A).  HE TERMINAL RI (A).  HE TERMINAL RI (A).  HOURS POR YELL  HOURS POR YELL  HOURS POR YELL  HOURS POR YELL  HE TERMINAL RI (A).  HE TERMI	PLACE OF INJURY (e.g., in e.g., lorm, foctory, street, of INJURY OCCURRED the At Work he deceosed from S - DEGREE Phys	21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJU  2	(If In Boltimore Cit  RY OCCUR?  toto	y, give exact location)
19A-DATE OF  21A-ACCIDEN OR CONTRIBU DEATH (notify) 21D-TIME OF INJURY	H BUT NOT RELATED TO TO TO NOTITION GIVEN IN PART OFFRATION 198. CON WAS PER NT WAS UNDERLYING THING CAUSE OF medical examined	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED  21B, hom etc. (Hour) 21E, Whi	PLACE OF INJURY (e.g., in e.g., in foctory, street, of injury occurred its Atman Not While	nor obout 21C, WHERE DID ince bldg, INJURY OCCUR?	(If In Boltimore Cit	

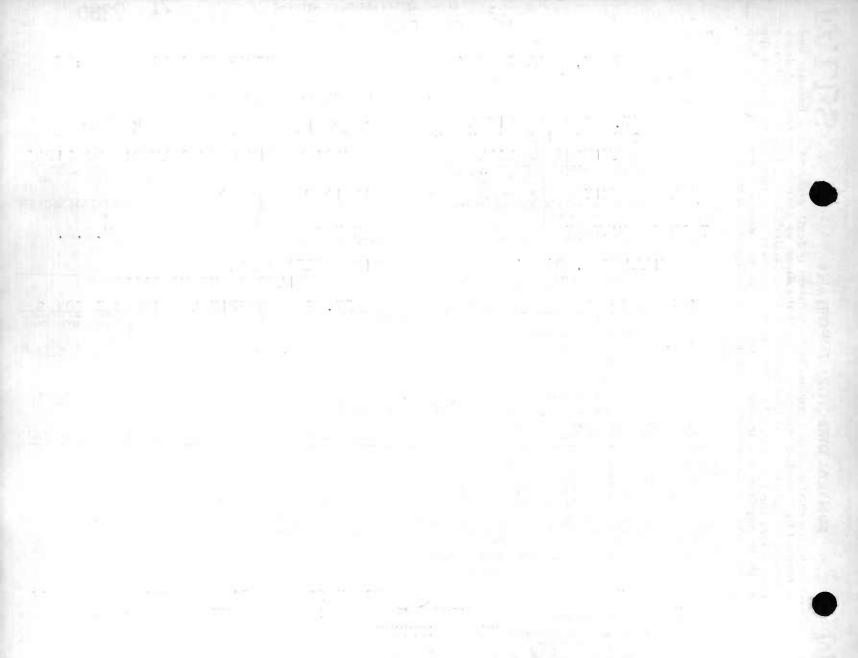


This certificate must be approved by the chief medical examiner or his assistant if death or tred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

11/1-(-1/)	THE OF DEATH
BIRTH NO.	TE OF DEATH REG. NO.
(Type or Print) MORRIS, IRVING M.	4.30 P.M. Aug 4th 1971.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Union Memorial Hospital	Baltimore YES TO NO T
44 Baltimore: 21218	E. STREET AND NUMBER
	2009 Woodlawn Drive, 21207
S. SEX Male 6. RACE WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 12-16-9 8 9. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
104. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Coreign country)   12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired) don't know. Union Memoral Hosp.	3. Carolina America
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MUNANDANAMAN Joseph Morris	mknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
No None 217 03 7290	Blanche Morris 2009 Woodlawn Dr. 21207
18. 4/19 9 CAUSE OF DEAT	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	ISE Broncho preumonia
	A CONSEQUENCE OF:
Injury or complication which caused death.)	
ANTECEDENT CAUSES	Lenstive Arterios elevatic
DISEASES OR CONDITIONS, if any, giving DUE TO OR AS	A CONSEQUENCE OF: Cardiovas cular disease
rise to the above cause (A) staling the UNDERLYING CONDITION tast. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ive heart foilure, chronic Nephrilis
199- DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSYS (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, fortory, street of	n or about 21C, WHERE DID (If in Boltimore City, give exact location)
S DEATH (notify medical examined New etc.)	a no innus
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURT OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (1) (this hospital) attended the deceased from	7.94 197/ 10 8/4/ 197/
that (1) (we) last saw the deceased alive an \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	19.7/ and that In(my) (aur) opinion dedth occurred on the dote
and hour and from the causes stated above. (1) (We) (did) (did not) v	The second secon
23A, SIGNATURE	23B, DATE SIGNED
DEGREE Phys	nding Med. Staff
NAME CLYPES 5. J. DESTI	mion Memorial Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
Burial Aug. 7, 1974 Wards Chapel (	em. Randallstown, Balto. Co. Md.
AUG 6 177 Julia E 235 NAME OF STRAKE	John J. Stansbury 6411 Windson Mill Rd.
VS 150-REV, 1/1/68	Drago way of IT Warmson Till Ra.

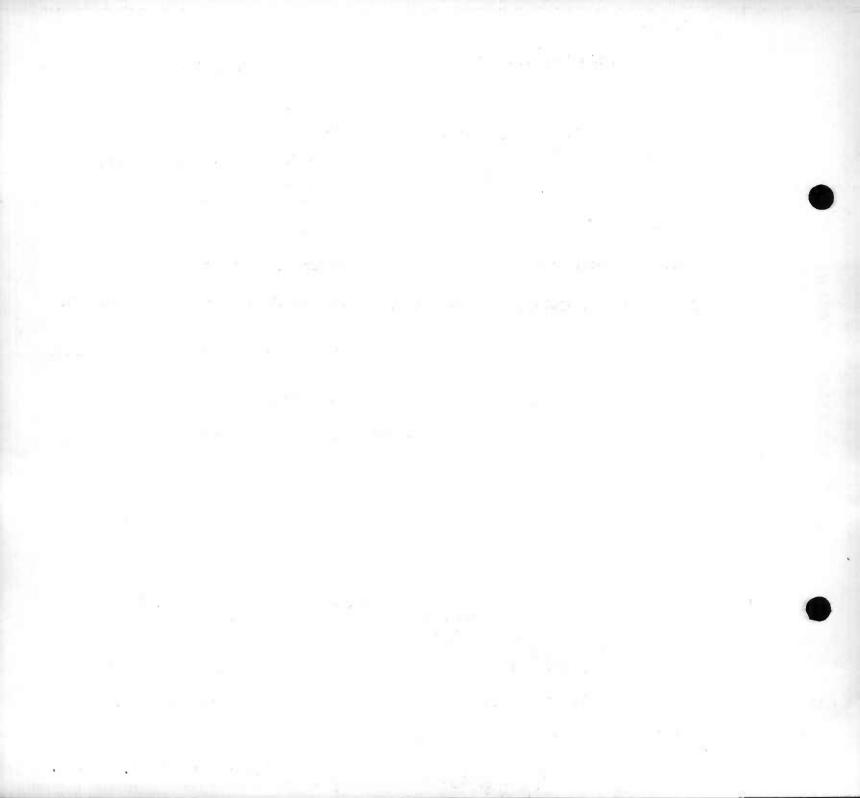
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	AME OF DEC		7380					2. DATE AND					
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FU	LL NAME OF	(IF NOT IN	HOSPITAL C	OR INSTITU	ITION, GIVE STREE	et M	ARYLAN	VD I	HOWARE	)		63	00
HC IN:	SPITAL OR					C. C	CITY OR TOW				DE CITY LI	MITS?	
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-	F (2)				AVENUE	E. :	STREET AND		m				01.0
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		working life, even I ONSULTAN					TEVAC					11 C A	
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		300	DEDD	1/		1		47					
		LLIAM W.				, i	VE DEL		VIER				
(Yes	Was Decogsed i, no of unknown	Ever in U. S. A.	med forces?	service)	SECURITY NO.		NFORMANT	WILKE	AS AVE	NUE	2122	ADDRESS	
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	DISEAS	SE OR CONDIT	ION DIRECT	TLY			ıA .	- 1		- 1	1.	- P	IO DEATH
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			DEATH		/ANIMMEDIA	ATE CAUSE	Houte	Mysci	4 - 5-1/4-1			,	urs
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	heart failure,	not mean the n aethenia, etc. I application which	node of dying	disease,			Houte		N COIAT				urs
	heart failure, injury at con	aethenia, etc. 1	node of dyin t means the caused dear	disease,			Honte INSEQUENCE Hes		hu			6 9 cm	urs
	heart failure, injury at com	aethenia, etc. I nplication which ANTECEDENT (	node of dying the caused decided CAUSES	disease, th.)		Diahe	Honte HS D ONSEQUENCE	nelli	hz	*********		6 y en	urs
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7	beart failure, injury at com  DISEASES Coise to the UNDERLYING	gethenia, etc. I application which ANTECEDENT ( OR CONDITION above caus G CONDITION	node of dying the transmission of the coursed decreased decreased the course of the co	disease, th.) giving ling the	(B) DUE TO,	Diahe	tes 1	nelli	Ay			6 y en	urs ms
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MEDICAL	DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR CONTRIBLE OF CONTRIBLE OF INJURY (APPROX.)  21 A. ACCIDE OR CONTRIBLE OF INJURY (APPROX.)  22. I certify that (1) (we) and haur and 23A. SIGNATURE	aethenia, etc. I mplication which ANTECEDENT (CONDITION e above caused CONDITION e above caused CONDITION e above caused CONDITION e above caused CONDITION GIVE FOFERATION I V V V V V V V V V V V V V V V V V V	node of dying the means the caused dear CAUSES  VS, if any, see (A) stall last,  DNS CONTRIBLED TO THE TENT TO THE	disease, tith.)  giving ling the line ling the line line line line line line line lin	VHICH OPERATION  PLACE OF INJURY occurs  INJURY OCCURS  IN A	Y (e.g., in or treet, office to While In Mug Q2  Xxxx XX	20A. AUTOPS  NO  obout 21C. W bidge injury  21F. HC  US 1 01  the bady at	OF:  Nelli E OF:  YE (Yes or No)  HERE DID  OCCURT  DW DID INJU  and that  free death.	208. IF YEIN CERTIFY (IF III	S WERE INO GA	e City, give	02 19.	/
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MEDICAL	DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR CONTRIBLE OF CONTRIBLE OF INJURY (APPROX.)  21 A. ACCIDE OR CONTRIBLE OF INJURY (APPROX.)  22. I certify that (1) (we) and haur and 23A. SIGNATURE	aethenia, etc. I mplication which ANTECEDENT (CONDITION e above caused CONDITION e above caused CONDITION e above caused CONDITION e above caused CONDITION GIVE FOFERATION I V V V V V V V V V V V V V V V V V V	node of dying the means the caused dear CAUSES  VS, if any, see (A) stall last,  DNS CONTRIBLED TO THE TENT TO THE	disease, tith.)  giving ling the libuting th	VHICH OPERATION  PLACE OF INJURY  o, form, foctory, st  INJURY OCCURR  IN A  A  A  A  A  A  A  A  A  A  A  A  A	Y (e.g., in or treet, office to While to While to While to While to White t	20A. AUTOPS  NO  obout 21C. W bidge injury  21F. HC  US 1 01  the bady at	Me director Distriction of the death.	208, IF YE IN CERTIFY (IF II) OCCUR	S WERE INO GA	e City, give	02 19.	/
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MEDICAL	DISEASES Crise to the UNDERLYING  OTHER SIGNIFT TO THE DEAT DISEASE OR CONTRIBLE DEATH Incitive Teacher (APPROX.)  21D. TIME (We) and haur and 23A. SIGNATU	aethenia, etc. I mplication which ANTECEDENT (CONDITION e above cause G CONDITION (FICANT CONDITION GIVE F OPERATION   1 v and (Month) (Doy)   v that (1) (this is a condition)   1 v and (Month) (Doy)   v that (1) (this is a condition)   1 v and (Month) (Doy)   v that (1) (this is a condition)   1 v and (Month) (Doy)   v and (Month) (Doy)   v and (Month) (Doy)   v and (Month) (Doy)   v and (Month) (Month) (Doy)   v and (Month)	node of dying the means the caused dear CAUSES NS, if any, se (A) stallast.  DNS CONTRIBUTED TO THE TENNIN PART 1 (PR. CONDITION WAS PERFORM LLYING OF COMMENT OF COM	disease, tith.)  giving ling the line line line line line line line lin	VHICH OPERATION  PLACE OF INJUR  o, farm, factory, st  INJURY OCCUR  INJURY OCCUR  A  A  He deceased from  AUGUST  X (We) (did) XdXd	Y (e.g., in or theot, office of White I Work I Work I AUG OZ Attending Physics Degree I Degre	20A. AUTOPS NO obout 21C. W. bldg. INJURY 19 71 the bady a ADDRESS WILKEN	TE OF:   2008. IF YES IN CERTIFY (IF IN CERTIFY)  ORY OCCUR  OF In (DVX) (	S WERE INO CA	GUST nian deat	O2 19 h accurred an E SIGNED	the date	
MEDICAL	DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT H Incitive That (1) (we) and haur and the critical state of the control of the	aethenia, etc. I application which ANTECEDENT (CONDITION e above cause G CONDITION (IV)  NT WAS UNDER UTING CAUSE (Month) (Doy)  That (1) (this is a condition of the cause of	node of dying the means the caused dear CAUSES NS, if any, se (A) stallast.  DNS CONTRIBUTED TO THE TENNIN PART 1 (PR. CONDITION WAS PERFORM LLYING OF CONTRIBUTED TO THE TENNIN PART 1 (PR. CONDITION WAS PERFORM (Part of the part of th	disease, tith.)  giving ling the line line line line line line line lin	VHICH OPERATION  PLACE OF INJUR  o, farm, factory, st  INJURY OCCUR  INJURY OCCUR  A  A  He deceased from  AUGUST  X (We) (did) XdXd	Y (e.g., in or or tree), office of tree), office of tree of office of tree of office of tree of office of or	20A. AUTOPS NO obout 21C. W. bldg. INJURY 19 71 the bady a ADDRESS WILKEN	OF:  Ne        TY (Yes or No)  HERE DID  OCCUR?  DW DID INJU  and the feer death.  ed.    S. E. P.     24D. Lo	2008. IF YES IN CERTIFY (IF IN CERTIFY)  ORY OCCUR  OF In (DVX) (	S WERE INO CA	GUST nian deat 238, DAT	h accurred an  E SIGNED	the date
MEDICAL	DISEASES Crise to the UNDERLYING OTHER SIGNIF TO THE DEAT H Inotify 21A. ACCIDE OR CONTRIBLE DEATH Inotify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and the contribution of	aethenia, etc. I application which ANTECEDENT (CONDITION e above cause G CONDITION (IV)  NT WAS UNDER UTING CAUSE (Month) (Doy)  That (1) (this is a condition of the cause of	node of dying the means the caused dear CAUSES NS, if any, se (A) stallast.  DNS CONTRIBUTED TO THE TENNIN PART 1 (PR. CONDITION WAS PERFORM LLYING OF CONTRIBUTED TO THE TENNIN PART 1 (PR. CONDITION WAS PERFORM (Part of the part of th	disease, tith.)  giving ling the line line line line line line line lin	VHICH OPERATION  PLACE OF INJUR  o, farm, factory, st  INJURY OCCUR  INJURY OCCUR  A  A  He deceased from  AUGUST  X (We) (did) XdXd	Y (e.g., in or or tree), office of tree), office of tree of office of tree of office of tree of office of or	ONSEQUENCE  20A-AUTOPS  NO  obout 21G. W bidg. INJURY  21F. HC  UST 01  the bady a  ADDRESS  WILKEN	OF:  Ne lli E OF:  TY (Yes or No)  HERE DID  OCCUR?  DW DID INJU  and the feer death.  ed.  rector   BA	2008. IF YES IN CERTIFY (IF IN CERTIFY)  ORY OCCUR  OF In (DVX) (	S WERE INO CA	GUST nian deat 238, DAT	O2 19 h accurred an E SIGNED	the date



DIRECTOR:

FUNERAL



DIRECTOR:

VS 150-REV. 1/1/68

NO [

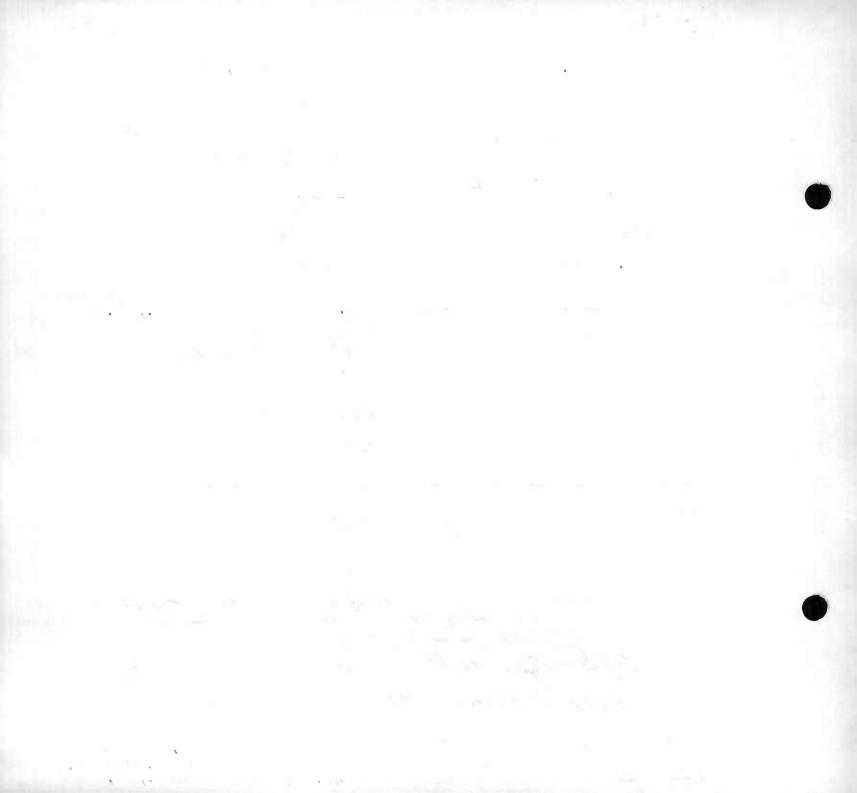
Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I month.

ADDRESS L/IVE,

If Under 24 Hrs. Hours i Min.

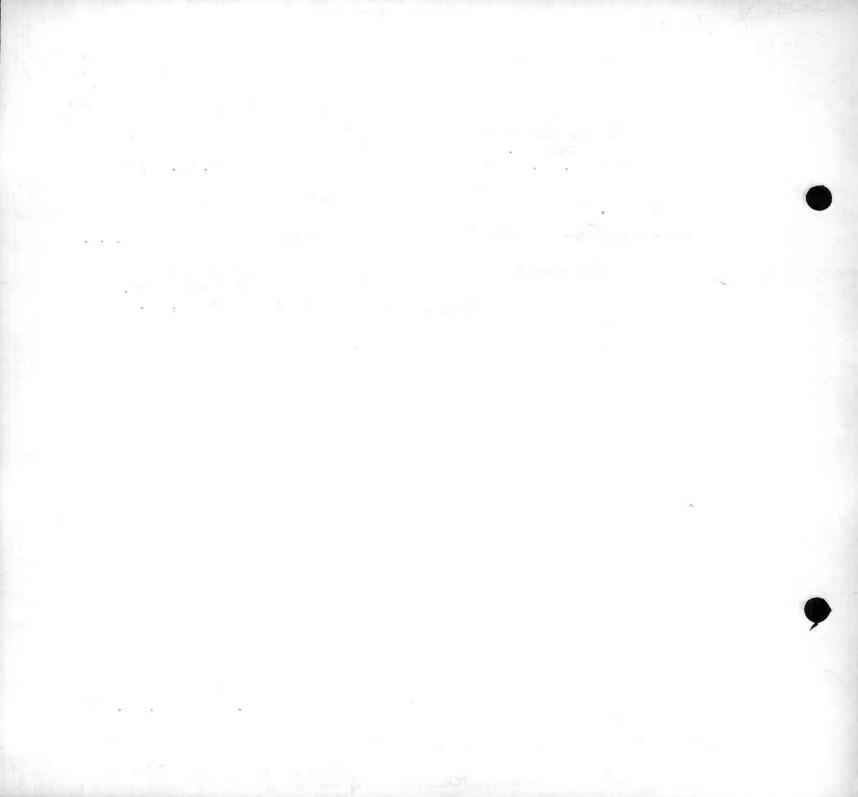


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

9 -		100	BALTIMORE CITY	HEALTH DEPARTMEN	IT TI	1-	1.4
P - 200	71	7383.	CERTIFICA	TE OF DEAT	HZ	. NO	1 7383
NAME OF DECEA	SED			2, DA	TE AND HOUR OF	DEATH	
B	BOOSE, JESS	SIE EL	IZABETH	Α.	UGUST 02	1971	1 2:25 PM
L PLACE IN BALTIA	MORE, MARYLAND, W	HERE PRONC	UNCED DEAD	14 USUAL RESIDENCE	Where deceased I	ived. If institution	s residence before admission
				MARYLAND		ARUNDLE	5.37
ULL NAME OF	ADDRESS OF LOC	AL OR INSTIT	TUTION, GIVE STREET		ANNE		
ASTITUTION				C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?
II S	T. AGNES	HOSPIT	AL	PASADENA		YES [	Y NO [
70 0	IN & NOTA	IKENS	AVENUE	E. STREET AND NUME	SER		
				RT 5 BOX	I OID AN	INIADOLIC	0000 01100
	BALTO MARY				4 OLD AN		
SEX 6.	RACE	" MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In y	Month	nder 1 Yr. If Under 24 Hrs ha! Doys Hours Min.
FEMALE	WHITE	WIDOWED	DIVORCED T	05 08 98	73		
A USUAL OCCUP	ATION (Give kind of worl	TOB KIND O	F BUSINESS OR INDUSTRY		of foreign country)	112. C	TIZEN OF WHAT COUNTR
	rking life, even if retired)						
HOUSEW	ILEE	HOM	Æ	NEW YORK			U.S.A.
FATHER'S NAME				14. MOTHER'S MAIDER	NAME		Uestelle
					V-State Co. L.		
	RE FINGAD			THELMA			
Was Decoused Ev	ver in U. S. Armed For	cas?	1 & SOCIAL		KENS AVE	NUE 212	2 9 DDRESS
sano of unknown) (II	f yes, give war or date	s of servicel	SECURITY NO.	711 -	ILLIAD HAL	NOL ZIZ	. 2 9
NO			21.7 07 1.70	ST AGNE	S HOSPIT	AL RECC	RDS CATON &
18 010	N V I		CAUSE OF DEAT	0/	0: 1	1 1	
570		00.000	9	2 Khounest	Te Near	e dise	TETWEEN ONSET AND DEAT
	OR CONDITION DI	RECTLY	9	Meerson		no cont	-
LE	EADING TO DEATH		(A)MMEDIATE CAL	ce oring	posible,	100 0000	1 1
(This does not	mean the mode of	dylng, e.g.	DUE TO OR AS	A CONSEQUENCE OF:	marian	work m	millen
heart failure, as	sthenia, etc. it means	the disease	, , , , , , , , , , , , , , , , , , , ,	N GOTTOE GETTOE GITTE	1 Chi a	6	
injury or compli	ication which caused	decth.)					
AN	ITECEDENT CAUSES						
A STATE OF THE STA			(B)	A CONTROLLENGE OF			
	CONDITIONS, II		DUE 10, OR AS	A CONSEQUENCE OF:	1	11 1	
	above cause (A)	stating the	$\mathcal{L}$	Cateral 2	Veural :	Music	73
ONDERLING	COMPLIANT 1985		(c)			<i>// /</i>	
	11						
	ANT CONDITIONS CO		/ ;	" AU A O?	nula		
TO THE DEATH	BUT NOT RELATED TO T	HE TERMINAL	Chirch	noma of l	evacea		
19A. DATE OF O	PERATION 198 CON		WHICH OPERATION	20A. AUTOPSY? (Yes	or Noll 208 (F YE	S WERE FINDING	GS CONSIDERED
THE OF O	WAS PER	PORMED	WRICH OFEKATION		IN CERTIF	TING CAUSES O	F DEATH?
2/				YES			
21A. ACCIDENT	WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE D	ID (If I	n Boltimore City,	give exoct locotion)
DEATH (notify m	ING CAUSE OF	hotel	me, form, factory, street, o	fice bidg-linjury occi	1 83		
DEATH (notify m	redicol examined	aic					
	Month) (Doy) (Year)	(Hous) 21	E INJURY OCCURRED	21F. HOW DO	D INJURY OCCU	7	
Tot mount	A-11		hile At 🗀 Not Whil				
(APPROX.)			ork At Work				
00 1 11	.V.V	15 1 1		III V 27	71	AUGUST	02 1071
22. I certify th	hat/(1) (this hospita	I) attended	the deceased from	JULY Z/	19 <u>7_1t</u> o	AUGUST	02 1971
that VIV(we) It	est saw the decease	ed alive an	AUGUST 02	1971M o	nd that In (Av)	aur) apinian d	eath occurred an the da
					•	co., opinion o	
and have and f	fram the causes sta	ted above.	(Me) (qiq) (q(qXyqiX)	lew the bady after de	eath.		
23A. SIGNATURE						23 B. D	ATE SIGNED
	0 01		Atte	nding Med.	Stoff [7]		20/2/
	- Men	2nns	DEGREE Phy	Director	Stoff Phys.		92/7/
				23D. ADDRESS	44		///
23C. PHYSICIAN					-		
23C. PHYSICIAN NAME (Typ		110	1 FER JONY 1 79	2	Alha	e 1/a	spiral
		54.	HENZAY 17	) J7.	Agna	s Ho	spital
NAME (Typ	ATION, 1248, DATE	54. j	ACTIVATION DEGREE	2 17.	Agha.		SPICAL  Spical  State)  1State)
NAME (Typ	ATION, 24B. DATE			MATORY 2	4D. LOCATION	(City, town	
NAME (Typ	ATION, 24B. DATE		JENZAN DEGREE JAME of CEMETERY of CR 71. Lorraine	MATORY 2	4D. LOCATION	(City, town	
AA. BURIAL CREM. REMOVAL (Sp. Burial	ATION, 248. DATE ecity)  5 Aug	ust 19	71 Lorraine	Park Cem.	4D. LOCATION Baltimo	city, town	yland
NAME (Typ	ATION, 248. DATE ecity)  5 Aug	ust 19	71 Lorraine	Park Cem.	4D. LOCATION Baltimo	city, town	yland
4A. BURIAL CREM. REMOVAL (Sp. Burial	ATION, 248. DATE ecity)  5 Aug	ust 19	71 Lorraine	Park Cem.	Baltimo	re, Mar 4001. Ri	yland .tehie Hwy.
4A. BURIAL CREM. REMOVAL (Sp. Burial	ATION, 248, DATE ecily)  5 Augr 1971 Palas	ust 19	71 Lorraine	Park Cem.	4D. LOCATION Baltimo	re, Mar 4001. Ri	yland tehie Hwy.

DIRECTOR:

FUNERAL



Community Cemeter

25C. EUNERAL DIRECTOR

Funeral

Stewart

25B. NAME OF REGISTRAR

REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

Burial

G

VS 151-REV. 1/1/68

(Stote)

N.E.

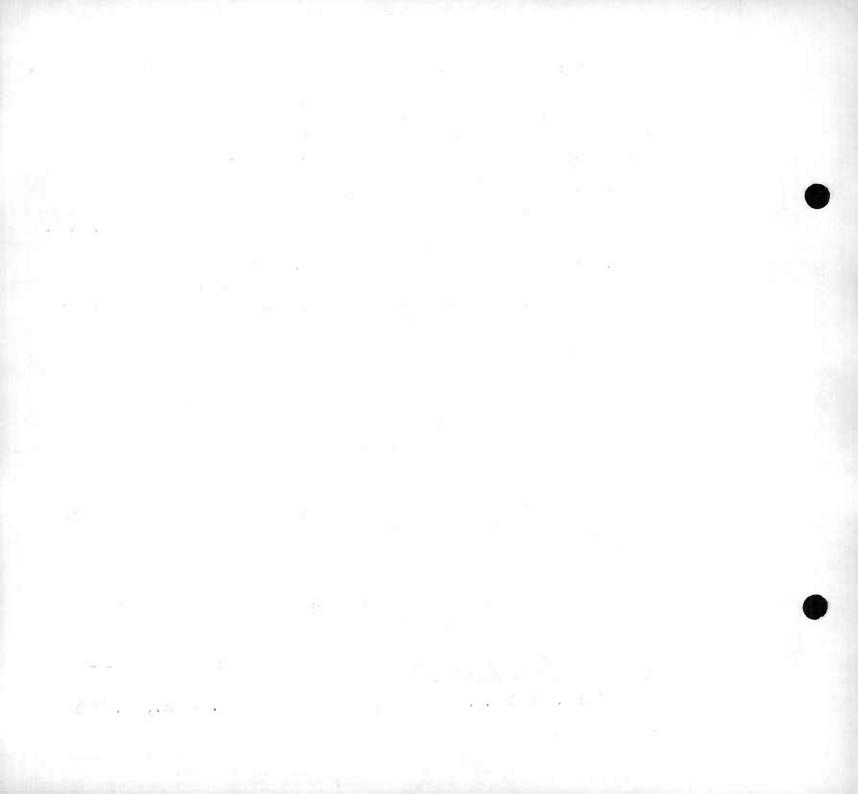
Tallahassee, Florida

ADDRESS

Home-4001/Benn.

Charles again - man - man - man. s 2 by the constant was a light to the constant of the constan 

BIR	M-03/	71 738		TE OF DEATH	REG. NO	71 7386
	NAME OF DECEASED			2. DATE A	ND HOUR OF DEATH	
Ľ	F-CDUF.	FIE, CHARLE			August 4,	1971   4:40 P
FII	PLACE IN BALTIMORE, MA	IN HOUSENESS OF IN	ICTIVITANI CIVIC ACCUS	Maryland	ne deceased fived, Il in	istitution: residence before odmission)
IN	HOSPITAL OR ADDRESS OF LOCATION HOSPITAL OR VE STREET			C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
l.		n Raven Bou		Baltimore E. STREET AND NUMBER		YES 🔼 NO 🗌
	Baltimore	e, Maryland	21218	1930 E. 30th	St.	
5. :	SEX 6. RACE	7. MAD	MED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. If Under 24 Hrs.
1	Male Negro	oid winor	VED DIVORCED	5-15-29	lost birthday	Months Doys Hours Min.
don	e duting most of working life, eve	en if retired)	O OF BUSINESS OR INDUSTRY	North Carolin		12. CITIZEN OF WHAT COUNTRY?
	aborer			14. MOTHER'S MAIDEN NA	AAE	
	Forrestt D. Mc	Duffie		Annie M. Crad		
15. ' (Yes	Was Deceased Ever in U. S. i, no or unknown! (II yes, give	Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT RECORD	S V. A. HOS	DITAL ADDRESS
		51 to 9-2-5		Mrs. Annie McDu		
_	18. 2 0 3 9	/	CAUSE OF DEATH	Mrs. Annie Mede	1111e 1930 E	APPROXIMATE INTERVAL
	DISEASE OR CONE	TION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO	DEATH	(A) IMMEDIATE CAU	5 Luch L	ulure	Zurebs
	(This daes not mean the heart failure, asthenia, etc	mode of dying,	P.O	A CONSEQUENCE OF: //		
	injury at camplication whi	ch caused death.)			lecholes	
	ANTECEDENT	CAUSES	(6)	Chironic a	leshali.	- treats
	DISEASES OR CONDITI	ONS, if any, gi	ring DUE TO, OR AS	A CONSEQUENCE OF:	wy y y	Jew Co
	rise to the abave co UNDERLYING CONDITION	use (A) slaling				
1	11	1431,	(C)			
ATION	OTHER SIGNIFICANT CONDI TO THE DEATH BUT NOT RE DISEASE OR CONDITION GIV	LATED TO THE TERMIN	NG AL			
CERTIFICATION	19A. DATE OF OPERATION	198, CONDITION F WAS PERFORMED	OR WHICH OPERATION	Yes	208, IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH? Yes
- 1	21 A. ACCIDENT WAS UND OR CONTRIBUTING CAU	ERLYING	21 B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimore	e City, give exact location)
MEDICAL	DEATH (notify medical exam	ined	home, form, factory, street, off etc.)	ice piog., INJURI OCCUR!		
103	21 D. TIME (Month) (Do	y) (Yearl (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)		While At Work  Work  Not While At Work	П		
	22. I certify that XIX (this	hospital) attende		July 2,	19 71 to Augu	20th / 1017
- 1			on August 4,			nian death occurred an the date
	and hour ond fram the ca	uses stated above	4) (We) (did) (did not) vi	ew the bady after death.		
	23A. SIGNATURE	1101				238, DATE SIGNED
	William	1. Hal	M. Decase Phys.	ding Med.	Staff 25 Phys.	8-5-71
	NAME (Typel	42000	DEGREE	3D. ADDRESS	1.11/2-	
	Ala	n G. Stahl	M.D. 3	900 Loch Raven	Blwd. Rel +a	. Ma onoro
24A			DEGREE TO CEMETERY OF CREATERY	MATORY 24D. 10	CATION (City	y, town, or county) (State)
ana	BURIAL CREMATION, 246, REMOVAL (Specify) 8-		ettysburg Nat'l.		ttysburg, Pa	
25A	DATE REC'D BY HEALTH I	DEPT.  258 NAS		25C. FUNERAL DIRECTOR		
	UG 6 1971 Pa	But E. Jak	AE OF REGISTRAR	Marshall W.		AVC. ABBRESS
/S 1	150-DEV 1/1/69	- 3		11	01100, 01.	



Parties of State of States of States of States and Stat the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

111-452 71 7388	DALTIMORE CIT	Y HEALTH DEPARTMENT	m/4 m1000
1000	CERTIFICA	ATE OF DEATH REG. NO	/1 7388
I.NAME OF DECEASED			
(Type or Print)		2. DATE AND HOUR OF DEAT	H
PELIA WILLI	AMS	AUGUST 4	-7/11.45 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission)
PHILE AND AS			1.002
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTI ADDRESS OR LOCATION)	ON, GIVE STREET	MARYLAND BAL CITY	
INSTITUTION		1	ISIDE CITY LIMITS?
UNION MEMORIAL HOS	DITAL	PALTHORE	YES NO
ONION MEMORIAL IIC	STITAL	E. STREET AND NUMBER	
		2615 GUILFORD	EV.
5. SEX   6. RACE   7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years	If Under 1 Yr., If Under 24 Hrs.
		lost birthdoyl	Months Days Hours Min.
WIDOWED W	DIVORCED	Oct. 1 1908 62	10
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BI	USINESS OR INDUSTR	11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
2-0-0	a Line	( : -	
13 FATHER'S NAME	5 10	OFORBIA	
130 FATHER 3 NAME		14. MOTHER'S MAIDEN NAME	
LEE MILLS		MARIL HOREN	
15. Was Deceased Ever in U. S. Anned Forces?	S SOCIAL	17. INFORMANT	400000
(Yes, no or unknown) (If yes, give war ar dates of service)	SECURITY NO.	W Harokimala I	ADDRESS
NO		Effic PENN 2615 G	wil Ford Ave.
18. / /- 2 0	CAUSE OF DEA		APPROXIMATE INTERVAL
733.0		···	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CNONLOG	SPRATTORY STUDE	
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CA	USE	
heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	**************************************
injury or complication which caused death.)			
ANTECEDENT CAUSES	CAAA		
		A CONSEQUENCE OF	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE 10, OR A	S A CONSEQUENCE OF	
UNDERLYING CONDITION last	(c) EARCIA	DAD OF CECUM	
	(-)		
z II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	100000100000000000000000000000000000000		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A-DATE OF OPERATION 19R CONDITION FOR WHI WAS PERFORMED  3-30-71	CH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERI	FINDINGS CONSIDERED
03-30-71 EXPL MARKE	Politice .	NO IN CERTIFIED C	AUSES OF DEATH?
		in or about 21 C. WHERE DID (II In Baltim	
U 21A ACCIDENT WAS UNDERLYING 21B. PL			are City, give exact location)
OR CONTRIBUTION OF CAUSE OF	form, factory, street, o	flice bldg. INJURY OCCUR?	ore City, give exact location)
DEATH (notify medical examined etc.)	form, factory, street, o	ffice bldg. INJURY OCCUR?	ore City, give exact location)
DEATH (notify medical examined etc.)	JURT OCCURRED	21F. HOW DID INJURT OCCUR?	ore City, give exact location)
DEATH (notify medical examined etc.)  21D.TIME (Month) IDay) (Year) (Hour) 21E IN White (Month) IDay)	JURT OCCURRED	21f. HOW DID INJURT OCCUR?	ore City, give exact location)
DEATH (notify medical examined etc.)  21D.TIME (Month) IDay) (Year) (Hour 21E IN While Work	JURT OCCURRED  At At Work	21F. HOW DID INJURT OCCUR?	are City, give exact location)
DEATH (notify medical examined etc.)  21D.TIME (Month) IDay) (Year) (Hour) 21E IN White (Month) IDay)	JURT OCCURRED  At At Work	21F. HOW DID INJURT OCCUR?	are City, give exact location)
DEATH (notify medical examined etc.)  21D.TIME (Month) IDay) (Year) (Hour) 21E IN While Mark  22. 1 certify that (1) (this hospital) attended the	JURT OCCURRED  At Not Whi At Work  deceased from	21F. HOW DID INJURT OCCUR?	3UST 4 1971
DEATH (notify medical examined   etc.)  21D.TIME	JURT OCCURRED  At Not White Mark Work deceased from Mark Work Mark Mark Mark Mark Mark Mark Mark Ma	21F. HOW DID INJURT OCCUR?  19 7	3UST 4 197/
DEATH (notify medical examined  21D.TIME (Month) IDay) (Year) (Hour) 21E IN  OF INJURT (APPROX.)  22. 1 certify that (i) (this hospital) attended the that (i) (we) last saw the deceased alive an and haur and fram the causes stated abave. (i) (i)	JURT OCCURRED  At Not White Mark Work deceased from Mark Work Mark Mark Mark Mark Mark Mark Mark Ma	21F. HOW DID INJURT OCCUR?  19 7	3UST 4 197/
DEATH (notify medical examined   etc.)  21D.TIME	JURT OCCURRED  At Not White Mark Work deceased from Mark Work Mark Mark Mark Mark Mark Mark Mark Ma	21F. HOW DID INJURT OCCUR?  19 7	3UST 4 197/
DEATH (notify medical examined  21D.TIME (Month) IDay) (Year) (Hour) 21E IN  OF INJURT (APPROX.)  22. 1 certify that (i) (this hospital) attended the that (i) (we) last saw the deceased alive an and haur and fram the causes stated abave. (i) (i)	JURT OCCURRED  At Not White Mark Work  deceased from Market (did) (did nat)	21F. HOW DID INJURT OCCUR?	23B, DATE SIGNED
DEATH (notify medical examined  21D.TIME (Month) IDay) (Year) (Hour) 21E IN While Wark  22. I certify that (I) (this hospital) attended the chot (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (Note that the causes stated above.)	JURT OCCURRED  At Not White Mark Work deceased from Market (did) (did nat)  We) (did) (did nat)	21F. HOW DID INJURT OCCUR?  19 7 ta 19 7 ta 19 rew the body after death.  21F. HOW DID INJURT OCCUR?  19 7 ta 19 rew the body after death.	1971
DEATH (notify medical examined  21D.TIME (Month) IDay) (Year) (Hour) 21E IN  OF INJURT (APPROX.)  22. 1 certify that (i) (this hospital) attended the that (i) (we) last saw the deceased alive an and haur and fram the causes stated abave. (i) (i)	JURT OCCURRED  At Not White Mark Work deceased from Market (did) (did nat)  We) (did) (did nat)	21F. HOW DID INJURT OCCUR?	23B, DATE SIGNED
DEATH (notify medical examined  21D.TIME (Month) IDay) (Year) (Hour) 21E IN While Wark  22. I certify that (I) (this hospital) attended the chot (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (Note: 1) (Not	JURT OCCURRED  At Not White Mark Work deceased from Market (Aid) (did nat)  We) (did) (did nat)	21F. HOW DID INJURT OCCUR?  19 7 ta 19	23B, DATE SIGNED
DEATH (notify medical examined  21D.TIME (Month) IDay) (Year) (Hour) 21E IN  OF INJURT IAPPROX.)  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (Veramental Communication)  23A. SIGNATURE  24A. BURIAL CERMATION (24B. DAYE)	JURT OCCURRED  At Not Whi At Work  deceased from M  We) (did) (did not)  We) oegree Att	21F. HOW DID INJURT OCCUR?  19 7 to AV  19 7 to AV  19 8 to AV  19 8 to AV  23D. ADDRESS	238, DATE SIGNED  AUGUST 4, 1971
DEATH (notify medical examined  21D.TIME (Month) IDay) (Year) (Hour) 21E IN  While Work  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (I) 23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type)	JURT OCCURRED  At Not White Mark Work deceased from Market (Aid) (did nat)  We) (did) (did nat)	21F. HOW DID INJURT OCCUR?	23B, DATE SIGNED
DEATH (notify medical examined  21D.TIME (Month) IDay) (Year) (Hour) 21E IN While Wark  22. I certify that (I) (this hospital) attended the chot (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (1) 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24G. NAME (Type)	JURT OCCURRED  At Not Whit At Work deceased from Manual Me) (did) (did nat)  We) (did) (did nat)  DEGREE Phy  DEGREE Vel CIMETERY or CR	21F. HOW DID INJURT OCCUR?  19 7 to AV  19 7 to AV  19 8 to AV  19 8 to AV  23D. ADDRESS	238, DATE SIGNED  AUGUST 4, 1971
DEATH (notify medical examined  21D.TIME (Month) IDay) (Year) (Hour) 21E IN While Wark  22. I certify that (I) (this hospital) attended the othot (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (Note: The company of the course stated above. (I) (Note: The course stated above. (I	JURT OCCURRED  At Not Whith At Work deceased from Manual Me) (did) (did nat)  We) (did) (did nat)  DEGREE Phy  REGISTRAR	21F. HOW DID INJURT OCCUR?	238, DATE SIGNED  AUGUST 4, 1971
DEATH (notify medical examined  21D.TIME (Month) IDay) (Year) (Hour) 21E IN While Wark  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (Veramental Communication) (Type)  23A. SIGNATURE  24A. BURIAL CREMATION, 24B. DATE  24A. BURIAL CREMATION, 24B. DATE  25A. DATE RECO ST HEALTH DETA. 25B. NAME OF I	JURT OCCURRED  At Not Whith At Work deceased from Manual Me) (did) (did nat)  We) (did) (did nat)  DEGREE Phy  REGISTRAR	21F. HOW DID INJURT OCCUR?  19 7 to AV  19 7 to AV  19 8 to AV  19 8 to AV  23D. ADDRESS	238, DATE SIGNED  AUGUST 4, 1971
DEATH (notify medical examined  21D.TIME (Month) IDay) (Year) (Hour) 21E IN While Wark  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (1)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24G. NAME (Type)	JURT OCCURRED  At Not Whith At Work deceased from Manual Me) (did) (did nat)  We) (did) (did nat)  DEGREE Phy  REGISTRAR	21F. HOW DID INJURT OCCUR?	238, DATE SIGNED  AUGUST 4, 1971

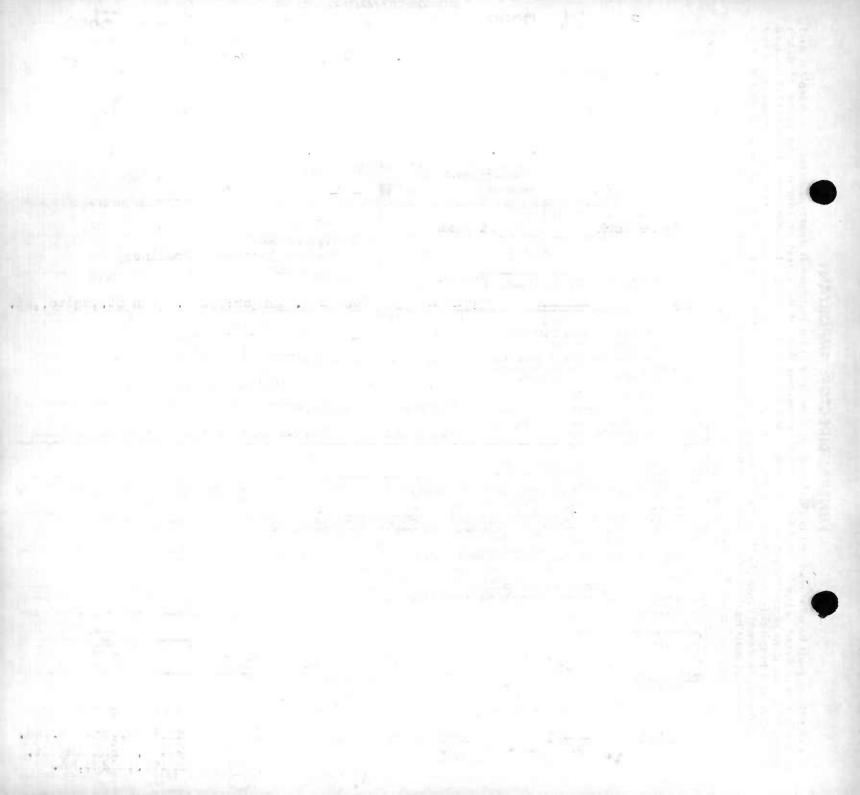


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Homeron P albert

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

111 = 11		Y HEALTH DEPARTMENT	
W-526 71	7390 CERTIFICA	TE OF DEATH	REG. NO.
BIRTH NO.	0=1(1110)		16 1000
Type or Print) Elizabeth Wa	0	WANGER) 2. DATE AND HOUR 8/2/	77 1 77 420 P M
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	sed lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSP HOSPITAL OR ADDRESS OR LOCK INSTITUTION	TTAL OR INSTITUTION, GIVE STREET CATION)	Maryland C. CITY OR TOWN	D. INSIDE CITY LIMITS?
N3III O II ON		Baltimore	YES NO
<7		E. STREET AND NUMBER	123 (40)
Mercy Hospit	al, Inc.	700 S. Dean Stree	et #21224
SEX 6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (	In years If Under 1 Yr., If Under 24 Hrs. dayl Months! Doys Hours; Min.
Female White	WIDOWED DIVORCED	7-17-04 6	
	HE TOR KIND OF BUSINESS OR INDUSTR		
one during most of working life, even if refired House Work	At Home	Maryland	USA
3. FATHER'S NAME	At home	14. MOTHER'S MAIDEN NAME	USA
John S	chmidt	Elizabeth Fullner	(Foellner)
5. Was Deceased Ever in U. S. Armed Fres, no or unknown) (If yes, give war or do	orces?   1 6. SOCIAL	17. INFORMANT	ADDRESS
No -	- 217-34-7252	George A. Wanger:	700 S. Dean St. Balto. M
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical esamined	CO. Diabet  Contributing the control form, form, foctory, street, of the control form, foctory, street, of the death.)  Early  (b)  Due 10, or a  (c)  Diabet  (d)  Diabet  (e)  Diabet  (e	yes	
21D-TIME (Month) (Day) (Yes OF INJURY (APPROX.)	While At Not Wh	21F. HOW DID INJURY OC	CURT
22. I certify that (1) (this hospit		8 - / 197/	10 8 - 2 19 7
	0 2.	5 / (/	
that (1) (we) last saw the decea		/ /	y) (our) opinion death accurred an the dat
	oted above. (1) (We) (did) (did not)	view the body ofter death.	
23A, SIGNATURE	MD DEGREE PH	ending Med. Stoff Phys.	$\begin{bmatrix} 238 & DATE & SIGNED \\ 8-3-7 \end{bmatrix}$
23C. PHYSICIAN'S NAME (Type)	JA M.D 'DEGRE	23D. ADDRESS Mercy Ho	spital
AA. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF C	REMATORY 240. LOCATION	(City, town, or county) (Stote)
Burial 8-6-7	1 Sacred Heart	Cemetery 7401 Ger	man Hill Rd., Ba. Co., Md.
AUG 6 1971 Vale	254 NAME F REGUNAR	25C FUNERAL DIRECTOR	ler Balto, 21224, Nd.
VS 150-REV. 1/1/68		13	

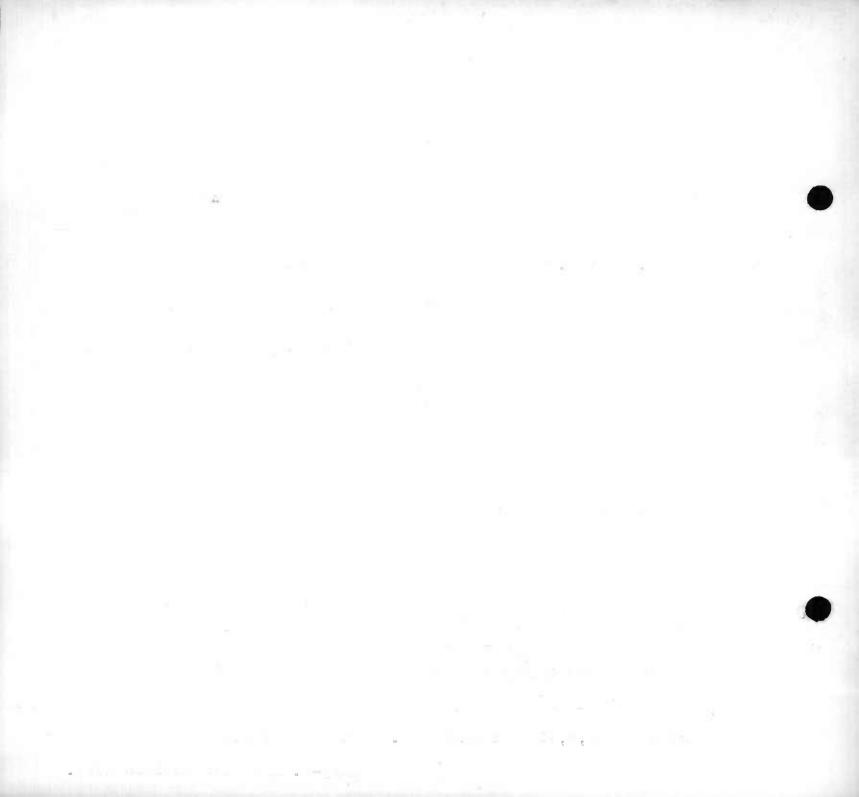


FUNERAL DIRECTOR:

17	-455 71 7391		TE OF DEATH	× REG. NO. 71	7391
1.1	NAME OF DECEASED  Pe or Print) TILLS AND ALL COC	EGIE E. ME	2. DATE AN	ID HOUR OF DEATH	Minco
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (When	~ (1	1,25 Pm.
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN DEPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUN  C. CITY OR TOWN	Uto	CITY LIMITS?
1	laryland General Hosp		E. STREET AND NUMBER	do Avo.	1228
	SEX 6. RACE 7. MARR WIDOV	VED DIVORCED	8. DATE OF BIRTH 0		If Under 1 Yr. If Under 24 His. Aonths Doys Hours Min.
dor	" Moderation of the	OF BUSINESS OR INDUSTRY EATRE	11. BIRTHPLACE (Stole or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FANTEN'S NAME		14. MOTHER'S MAIDEN NAM	ME	
	GEODGE II WARDEN		ELIZABETH QUI	MM	
15. (Ye	Was Deceased Ever in U.S. Armed Forces? s,no or unknown) (II yes, give war or dotes of servi	1 6. SOCIAL	17. INFORMANT	IVIV	ADDRESS
	NO	SECURITY NO. 212-22-4820	MRS. GEORGA BRO	WN IS ENJAY A	VE.
	18.	CAUSE OF DEATH		T DECEMBER	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	Chom	nearlux. ses	ele cenera	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(ANIMMEDIATE CAU		auch	48 hrs.
	(This does not mean the mode of dying, heart failure, asthenia, etc. 11 means the dise	DUE TO OB AC	A CONSEQUENCE OF:	)	
	injury or complication which coused deoth.)	1 7	1117 5		
	ANTECEDENT CAUSES	(B) Hulle	percentes		anys
	DISEASES OR CONDITIONS, if ony, gir rise to the obove couse (A) stoling UNDERLYING CONDITION last.		A CONSEQUENCE OF:	and Obste	wition & who
	П	(-/	anth page	allen	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTII TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL derskell	, Mellitus		***************************************
CERTIFIC	198- CONDITION FWAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED
CAL	21A- A CCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., li home, form, foctory, street, of etc.)		(If In Boltimore C	lty, give exoct locotion)
MEDI	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that UT (this hospital) attende		1 17-5-	9 to 8-2	-7/ 10
	that M (we) last saw the deceased alive	n 8-2-71	19and the	· ·	n deoth accurred on the date
	and hour and from the causes stated above	. (I) (We) (did) (did not) v	lew the bady ofter death.		
	Kalashti 7	Atte	nding Med.	Shaff Phys.	R-3->/
	23C. PHYSICIAN'S NAME (Type) R. A. RASHTI		3D. ADDRESS		
244	BURIAL CREMATION, 248, DATE 240 REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, 1	town, or county) (Stote)
B	URIAL.  8/6.71 10	RRAINE PARK.	MOO	THE MUNICIPAL TOTAL	
	UG 6 1971 Pober E. 258 NO	AE OF REGISTRAR	25C FUNERAL DIRECTOR	ODLAWN Md.	22 S. HIGH ST.
붕	150-REV. 1/1/68		noneque, VII	NE NOVE	



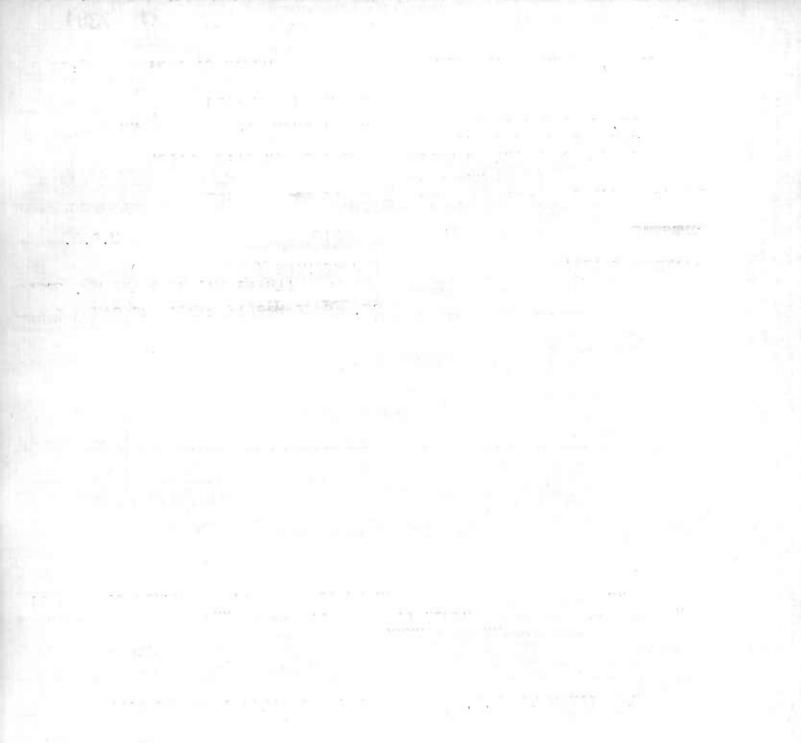
2 5 2 1	BIRTH NO. 7392 CERTIFICATE OF DEATH REG. NO. 71 7392
an ase th th	1. NAME OF DECEASED   2. DATE AND HOUR OF DEATH
of d of d Dece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)  A. STATE  B. COUNTY
hospituse of (5) De dance	FULL NAME OF THE NOT IN HOSPITAL OR INSTITUTION CIVE STREET
a l cau sse; end	INSTITUTION  D. INSIDE CITY LIMITS?
ed in ting d cau r att	Maill of MD Apspital E. STREET AND NUMBER
- 2 0 0 P	5. SEX 6. RACE N 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy)   If Under 1 Yr. If Under 24 Hrs. Months; Doys ! Hours ! Min.
occur ontrib ermin regul	WIDOWED DIVORCED 8-8-2/ WONTER DOYS HOURS MIN.
the con	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
P C C P E	. 037
if d (4) U wa the	THE WAITER S MAINER HAVE
dir, (con sin sin sin sin sin sin sin sin sin si	
4 L m C A R	15. Wes Decesed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.
ORTA assiste if the iny kin ed dec dance	Yes: 217-01-9258 Mrs. Hilda Demby-2123 W. Mulberry Street
0 0 000	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
<	LEADING TO DEATH
	heort foilure, ostherio, etc. Il meons the disease.
O = = = = = E	ANTECEDENT CAUSES  Metactatia Caulla 2544
CTC CTC Cam ami	DISEASES OR CONDITIONS, if ony, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:
Re San	nise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C)
medica medica tedical burns; hysicia in was remain	
RAL medi medi bur bur bur an w	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A)
NER.	
FUN by by 2) Bo 2) Bo 1)	21 21 A COLDENT WAS INVESTIGATED TO THE COLD OF LASYNX
+= > 0 0 0	OR CONTRIBUTING CAUSE OF CAU
ס בּּאַב די	21D. TIME (Month! (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
- 11 0 0	While At Not While At Work
the the can	22. I certify that (1) (this hospital) attended the deceased from 6-28-197/ to 8-4-197/
	that (1) (we) lost sow the deceased alive on 8-4-19-7/ and that in (my) (our) opinion death occurred on the date
be to be	ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.
20.2	Attending Med. Stoff De C & 7 /
a a a a a a a a a a a a a a a a a a a	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
certificate sody was r fs. (1) An at a D.O.A. at a assed prior	OUSTAVO HINDINSA / MILL OF MY HOSD BRITI
L 7 0 0 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel
This certif the body shows: (1) was D.O deceased written a	Burial 8,9,71 Arbutus MEM. Park Arbutus Md
This cert the body shows: (' was D.O decease	AUG 6 1971 Pober E Torber 125C. FUNERAL DIRECTOR ADDRESS MARY-E. LAW 802 Madison AVE,
	VS 150-REV. 1/1/68





the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition; This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

G-45	20 71 73	94		HEALTH DEPARTMENT		71 7	394
I. NAME OF DEC					AND HOUR OF DEA	тн	
G	ILES, BERTH				UGUST 01 1	971	8:50 P M
3. PLACE IN BAL	TIMORE MARTLAND, W	HERE PRONOUN	CED DEAD	A. STATE B. CO	Where deceased lived. I	f institution: residen	ce before admission
FULL NAME OF	(IF NOT IN HOSPIT.	TION)	ON, GIVE STREET	MARYLAND C. CITY OR TOWN	HOWARD	NSIDE CITY LIMITS?	300
110	ST.AGNES H			MARRIOTTSV		YES KX	NO
70	CATON & WI			E. STREET AND NUMBE	R		
	BALTIMORE	MARYLAN	D 21229	RT 197 BO	X 1435 21	104	
- SEX	6. RACE	7. MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	Hours Min.
FEMALE	NEGRO:	WIDOWED	DIVORCED	08 20 02	60		
M. USUAL OCCU	UPATION (Give land of work working life, even if retired)	108 KIND OF BI	USINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN O	F WHAT COUNTRY
DOMESTI		PVT. FA	AMILY	OHIO			
3. FATHER'S NA	ME			14 MOTHER'S MAIDEN	NAME		5 A
LLEVELY	N GRIFFIN			100 EDITINE	BUTLER		
	Ever in U. S. Armed Fore	:es? [1 6	S SOCIAL	JOSEPHINE	DOLLIN.	, dob	DESS
	lif yes, give war or date:	The state of the s	SECURITY NO.		\$ m	-1 / 1	10.
NO		2		B-ISNIAH GI	LES RT. 19	and the second s	1
18.412	3		CAUSE OF DEAT	Н			ROXIMATE INTERVAL EN ONSET AND DEAT
	E OR CONDITION DIR	ECTLY		0	0 ,1 ,	2	
	ot mean the mode of	dutas a s	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	east file	(ne 12	eccet.
DISEASES O	ANTECEDENT CAUSES OR CONDITIONS, if a produce cause (A)	iny, giving slaling the	(B) DUE TO, OR AS	A CONSEQUENCE OF:			
UNDERLYING	CONDITION last		(c)				**************
TO THE DEAT	IGANT CONDITIONS CON H BUT NOT RELATED TO TH	E TERMINAL	Recc	of Jaile	ene		
19A-DATE OF	OPERATION 198 CONT WAS PERF	NON FOR WH	ICH OPERATION	20A: AUTOPST? (Yes or	No. 208, IF YES, WEI	RE FINDINGS CONS	SIDERED 17
OR CONTRIBU	TING CAUSE OF	21 B. PL. home, etc.)	ACE OF INJURY (e.g., if form, foctory, street, of	n or about 21 C. WHERE DIE	) (If In Boltin	nore City, give exoci	location)
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E IN	JURY OCCURRED		INJURY OCCUR?	· · · · · · · · · · · · · · · · · · ·	
(APPROX.)		Work	AT WORK				
22. I certify	that M)(this hospital)	attended the	deceased from J	LY 09	_1971to_Al	IGUST 01	19.71
that (() (we)	last saw the deceased	alive on	UGUST 01	197_1and	that in ( ) (our) o	pinian death occ	
				lew the body after deat			
23A. SIGNATU		2. 4.7				23 R. DATE SIGN	1ED
Thus	MBy estan.	baleu	MD Atte	nding Med.	Stoff D	8/1/7	/
23 C. PHYSICIA	N'S	rucece	DEGREE Phys	Director L	Phys.	10/1/11	
NAME (T)	(pe)	LEN M D		O D D RESS			
	ULO WESTPHA		DEGREE		LKENS AVEN	UE 21229	
AA. BURIAL CREA REMOVAL (S	MATION, 248. DATE	24C. NAM	E of CEMETERY OF CRE	MATORY 24D	LOCATION	City, town, or count	ty) (State)
Burial	8-5-19	71 West	Liberty C	emeterv	Marriottsv	ille	Maryla
	BY HEALTH DEPT.	258 NAME OF	REGISTRAR	25C. FUNERAL DIRECT			DRESS
AUG 6	1971 (Rales 6)	Jake	WAS DO	NUTTERAFIE	NERAL HOME	3035 W	NORTH A
'S 150-REV. 1/1/6				14 3 7 3	The state of the s	3033 11.	21027411 13



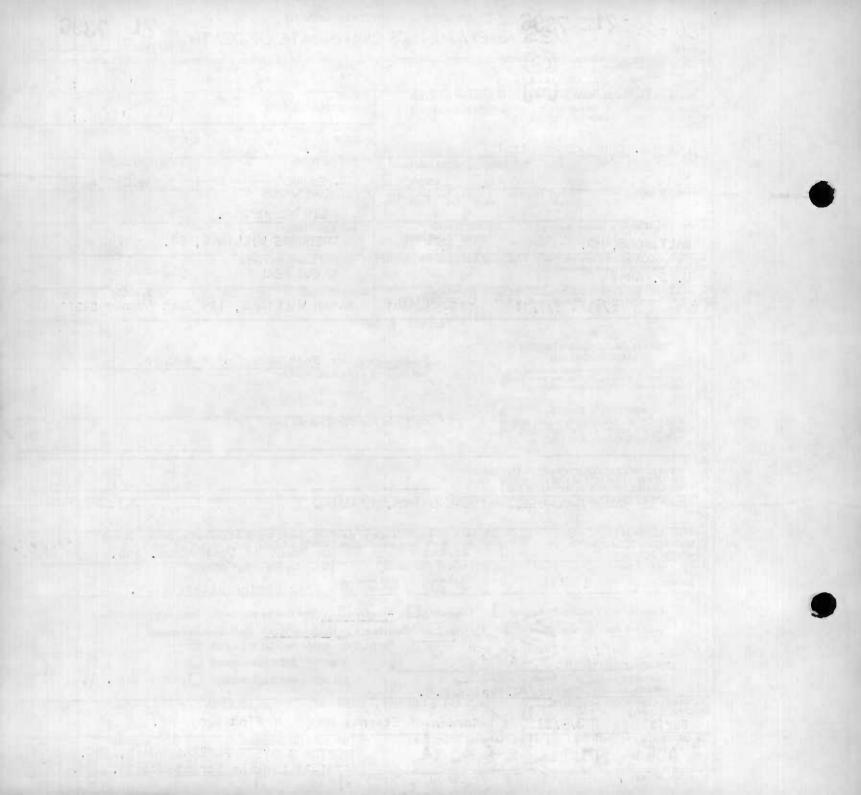
BALTIMORE CI	TY HEALTH DEPARTMENT	'71 12005
11 7395 CERTIFIC	ATE OF DEATH REG.	NO
I NAME OF DECEASED	2. DATE AND HOUR OF	DEATH
(Type or Pint) James William Valentine		
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	August 4,	19/1 M. red. If institution: residence before admission)
FULL NAME OF HE NOT IN HOSPITAL OF INSTITUTION CIVE STREET	A. STATE B. COUNTY Maryland	A D
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C, CITY OR TOWN	D. INSIDE CITY LIMITS?
	Baltimore	YES KI NO [
1019 Edmondson Avenue	E. STREET AND NUMBER	1232
	1019 Edmondson Av	0
5. SEX 6. RACE 7. MARRIED NEVER MARRIED		
Male Negro WIDOWED DIVORCED	13-16-1894	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	RT 11. BIRTHPLACE (Stota ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stationary Engineer Equitable Trust	Virginia	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
J. Preston Linberry	Margaret Valentin	
	Margaret Valentin	ADDRESS
(Yes, na arunknown) (II yes, give war at dotes of service) SECURITY NO.		
No 218-07-290	6A Jessye G. Valenti	ne 1019 Edmondson Av
18. 4 1 2 4 CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	austra Nedenson Dr.	16076 11 16026
This does not mean the mode of dying, e.g., (A) DUE TO, OR A	S A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, if any, giving nise la the above cause (A) stating the	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION last. (C)		
(0)		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		A
DISEASE OF CONDITION GIVEN IN PART 1 [A).  1994-DATE OF OPERATION 1998, CONDITION FOR WHICH OPERATION	120A A 445A 250A M AL II A 250 M A	
WAS PERFORMED	20A. AUTOPST? (Yos or No.) 20B. IF YES, IN CERTIFYII	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, larm, lactory, street, etc.)	in or obout 21 C. WHERE DID (If In affice bldg., INJURT OCCUR?	Baltimare City, give exoct location)
21D-TIME (Month) (Day) (Year) (Heur) 21E INJURY OCCURRED OF INJURY While At C. Not Will	21F. HOW DID INJURT OCCUR?	
KAPPROXI While At Not Who Work At Work	ila 🔲	
22. I certify that (I) (this hospital) attended the deceased fram	-19-59 19 to	9-4-71 19
that (1) (we) last saw the deceased alive on	-7119 and that In(my) (e	a) apinian death accurred an the date
and haur and fram the causes stated abave. (1) (We) (dld) (did-not)	view the bady after death.	
23A. SIGNATURE		238 DATE SIGNED
	tending Med. Staff	6-5-71
23C. PHYSICIAN'S	23D. ADDRESS	8-3
	I WDDKE33	
NAME (Type)		
William H. Watts M. D.	515 N. Arlington A	Avenue
William H. Watts M. Dogge		Venue (City, town, or county) (State)
William H. Watts M. D DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CO.	REMATORT 24D. LOCATION	(City, town, or county) (State)
William H. Watts M. Doegne 24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CEMETERS of CEMETE	metery Baltimore	(City, town, or county) (State)  Maryland
William H. Watts M. D DEGRE 24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of C	REMATORT 24D. LOCATION	(City, town, or county) (State)  Maryland  ADDRESS



VS 151-REV. 1/1/68

MORTON & DYETT FUNERAL HOMES, INC.

701-31 Laurens Street Balto. Md. 21217



IMPORTANT

**DIRECTOR:** 

FUNERAL





Balto.

BALTIMORE CITY HEALTH DEPARTMENT



5-30	71 7	221111		HEALTH DEPARTMENT		71 7	400
BIRTH NO.		100	CERTIFICA	TE OF DEATH	REG. NO	1.	400
1. NAME OF DI		277 27 477 4017		The second second	AND HOUR OF DEAT		
2 81 4 55 101 8		ES BACHMON		A	ugust 3, 197	1	7:30 P
FULL NAME O	ADDRESS OF LOC	TAL OR INSTITUTION,	GIVE STREET	Maryland	Where deceased lived, If	institution: resid	dence before admission
NSTITUTION	eterans Admini	etration No.	enit. I	C. CITY OR TOWN	D. IN	ISIDE CITY LIM	TS?
30	900 Loch Raver	Doularend	STUCT	Baltimore,		YES 🔼	NO 🗌
	altimore, Mary			E. STREET AND NUMBER 2534 W. Lom	•		
5. SEX	6. RACE	7. MARRIED NEV	ER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. , II Under 24 H
Male	Negroid	WIDOWED	DIVORCED	4-11-24	lost birthdoyl	Months D	oys Hours Min.
OA, USUAL OC	CUPATION (Give kind of wor	108 KIND OF BUSINE		11. BIRTHPLACE (Stole or	oreine country)	1 CITIYES	OF WHAT COUNT
lone during most o	of working life, even if relired)			North Carol	·		S. A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN	IAME		
	Scott			Thyra Rikar	d		
Yes Decease Yes, no or unknow	d Ever in U. S. Armed Fo (II) yes, give wor or dot 5-27-42 to ]	es ol service) SEC	CURITY NO. -28-7314		ords Va.Hosp Raven Blvd.,		pre, Md. 21
18.	9,21		AUSE OF DEAT			1 /	APPROXIMATE INTERVAL WEEN ONSET AND DEA
Diser	ASE OR CONDITION DI			Agnimation	of vomitus		=1 ,
(This does	nat mean the mode of	dving. e.c.	(A) IMMEDIATE CAU		or vomitus		hours
heart failure	, asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:			
injury or ca	mplication which caused					1	
	ANTECEDENT CAUSES	-	Atelect	asis - pneumon	ia left lung		1 day
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
UNDERLYIN	ne above cause (A)	slating the	Mediast	inal – pulmona	rv masses		12 months
	- John Hor Inst	(	C)		und amogod		_ TC 110110118
TO THE DEA	FICANT CONDITIONS CO	HE TERMINAL			and a second		
19A. DATE O	F OPERATION 19B. CON WAS PER	DITION FOR WHICH C	PERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING C	FINDINGS CO AUSES OF DEA	NSIDERED ATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examine)	218. PLACE (home, form, etc.)	OF INJURY (e.g., in factory, street, all	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Baltime	ore City, give ex	roct focation)
21 D. TIME OF INJURY (APPROX)	(Month) (Doy) (Year)	(Hour) 21 E. INJURY White At Work	OCCURRED Not While	21F. HOW DID I	NJURY OCCUR?		
22. I certify	that 11) (this hospital			117 27 20		10± 2	171
that (X) (we	) last saw the decease	ed alive on Al	igust 3,	19 71 and	19 71 to AUST that In(my) (aur) ap		19 71
and hour an	d from the couses stat	red obave. (1) (We) (	did) (did not) vi	ew the body ofter death	1.		
23A. SIGNAT	URE	0 1	7 14.17			23 & DATE S	IGNED
	James 14	-10 unl.		ding Med.	Staff -		
23 C. PHYSICIA	ANS		DEDREE Phys.		Phys. X	8/5/7	1
NAME (	Typel	OUTSIT ASS		3900 Loch Ra	aven Bouleva	rd	
		QUINLAN, M.I				r or	
A. BURIAL CRI	MATION, 24B. DATE	24C, NAME of	EMETERY et CRE	Baltimore JAD.	LOCATION (C	ity, tawn, or co	ounty) (State)
BURIA	1 8-8-7		ensboro		REENS boi		C
AUG 6	1971 Robert	E. Jabes A.		MORGO A			ADDRESS LAURENS
S 150-REV. 1/1/	68		400	This of Charle	- 1	1101	MINISTER 2

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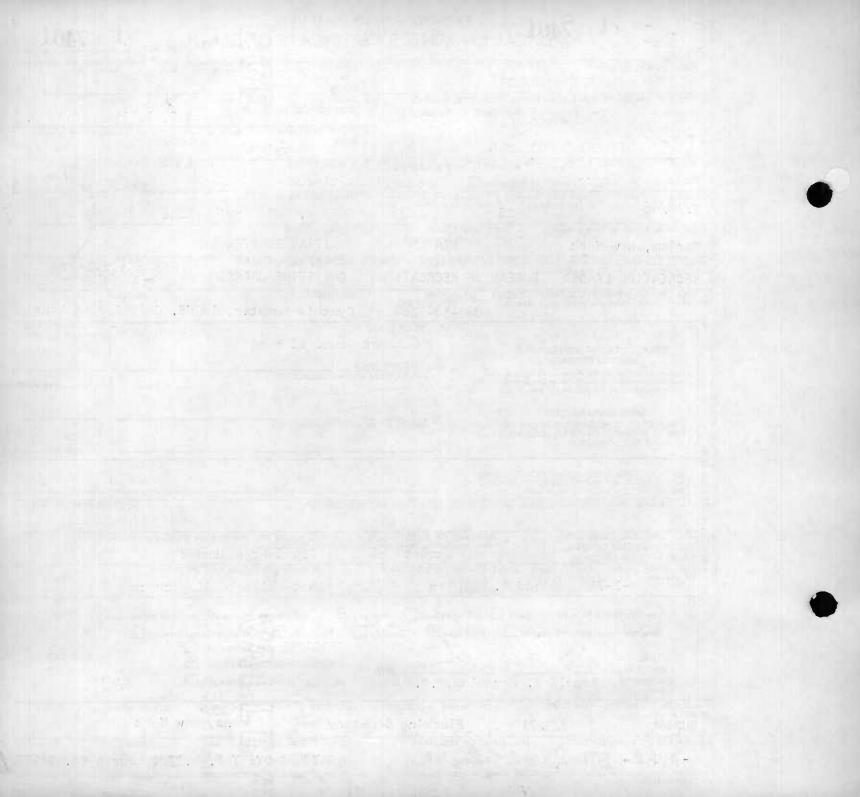
VS 151-REV. 3/1/68

25 A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

**ADDRESS** MORTON & DYETT F. H.1701 Lauren St. 21217



6:05

NO

Hours

UNITED STATES

ADDRESS

INC.

1701-31 Daurens St

If Under 24 Hrs.

21217

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

10 hours

THE REPORT YOURS ORGA ACCOUNT ON A STATE OF THE STATE

CILLAS TANDELLONY TEST SE ATES

final comments 5081

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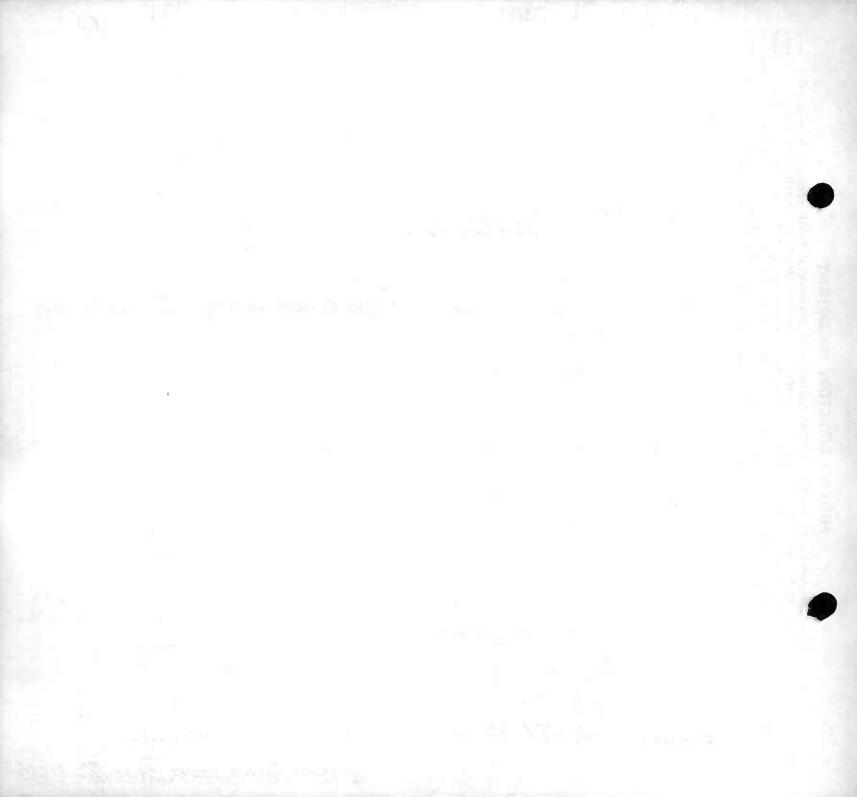
DIRECTOR LANCE TO THE COURT OF 
COUNTY OF THE SECTION 
JULY TO THE

[701-3] Leurens St. 2/217

FUNERAL

Miles . The last contract to the same State Samuel Trace & Marie M. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

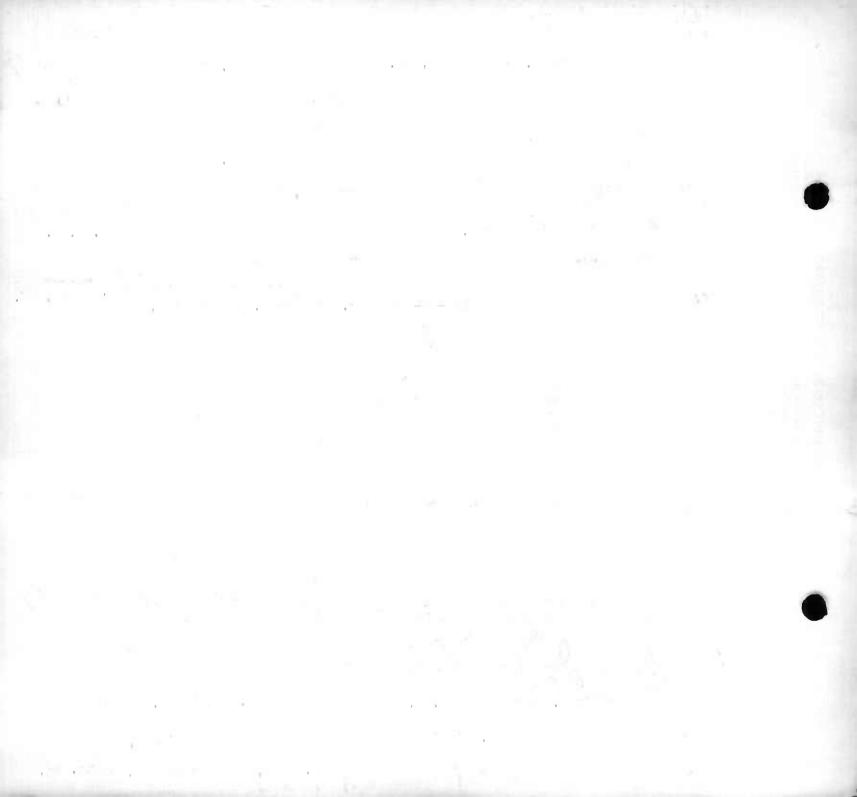
14-20	20 71	7404		HEALTH DEPARTMENT	250 NO	71 7404
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO	1 /404
1. NAME OF DE (Type or Print)	HUGHES, T	HERON	R.		AND HOUR OF DEATH	1 8.00 A.
3. PLACE IN BA	LTIMORE MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	MARYLAND.	BALTIMORE.	IDE CITY LIMITS?
	Lan Alcuna	. 11-		BALTIMOR	5. 1143	YES NO
THE UN	JION MEMORI	AC HOS	SPITAL	E. STREET AND NUMBER		
7-4				3951 SING	LAIR LAN	JE.
S. SEX	6. RACE	WIDOWED	NEVER MARRIED DIVORCED	12 - 27 - 99	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCC	UPATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country!	12. CITIZEN OF WHAT COUNTRY
RETI	1	Mers Si	ice Mra	MARYLAN	ID.	AMERICAN
3. FATHER'S NA		7.7(7.00 = 7.		14 MOTHER'S MAIDEN N	/	
	NOWN			UNKNOWN	/	
	d Ever in U. S. Armed For a) (If yes, give war ar dote		6. SOCIAL SECURITY NO. A	17. INFORMANT		ADDRESS
118.			CAUSE OF DEAT		HES 19951)	INCLAIR LA. 21204
DISEA	SE OR CONDITION DE LEADING TO DEATH	RECTLY		- BODWCHOF	NCUMONIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heart failure,	not mean the mode of , asthenia, etc. It means	the disease.	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	000000000000000000000000000000000000000	******************************
	mplication which caused		m. 4 a 1	2		
	ANTECEDENT CAUSES		(B) CARCI	NOMA LUNG		
rise to th	OR CONDITIONS, if a above cause (A) G CONDITION last,	any, giving stating the	(c)	A CONSEQUENCE OF:		
	11		(0/4			
E TO THE DEA	FICANT CONDITIONS CO THE BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	HE TERMINAL	BRAIN	METASTASES	CHF.	
	F OPERATION 198 CON WAS PER	DITION FOR WI	IICH OPERATION	20A. AUTOPSY? (Yos or	10) 208. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
. OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	218. P home, elc.)	LACE OF INJURY (e.g., ir form, foctory, street, of	or obout 21 C. WHERE DID	(If In Boltimore	e City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify	that (1) (this hospital	) attended the		7-28	19 7/ to 8 -	4 19 7/
that (i) (we)	last saw the decease	d alive an	8 - 4		hat in (my) (aur) apir	nian death accurred on the date
		red abave. (i)	(We) (did) (did not) v	ew the bady after death	•	
23A. SIGNATI	2000		Atte	nding Med.	Stuff 573	23B, DATE SIGNED
que	14 top and		DEGREE Phys	Director L	Shaff Phys.	8-4-11
NAME (	Julio A. T	ETO M	· D	THE UNION	MEMORIAC	HOSPITAC
MA. BURIAL CRE	MATION, 248. DATE	24C.NAA			LOCATION (Cit	y, town, or county) (Stotel
BURIA	-0/101	11 Mr.	CARMEL CAN	netery 75	127 IMARE,	Mb.
	BY HEALTH DEPT.	258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
AUG 6	1971 P.R. 8 E	30.00	KA O n n	Cheresen For	verenz Hames	BASO, MD. 21206
S 150-REV. 1/1/	68					



59-51-29 db	E-340 71 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 71 7405
	BIRTH NO.
77 0 5	1. NAME OF DECEASED   (Type or Print)   2. DATE AND HOUR OF DEATH
hospital ise of de (5) Decedance on death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (White deceased lived, If institution; residence before admission)
S)	A STATE B. COUNTY
a h caus se; ( onda	HOSPITAL OR ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Baltimore City Hospitals Baltimore YES NO DE. STREET AND NUMBER
TO.= L .	Baltimore, Maryland 21224   5008 Denview Way 21206 007
F 3 0 0 0	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   19. AGE (in years   18 Under 14 Hz.
occurre ontribut ermined regular eased pr	Male white WIDOWED DIVORCED 1) -9-1914 lost birthdoy Months Doys Hours Min.
00-0-	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)
0 - 0	AGEINT CIRE INSURANCE New York USA
rif de rect o (4) Un was the isposit	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Nine
tant if	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- 0 = 0 -	SECURITY NO. BCH-Records 4940 Eastern Avenue
IMPORTAN or his assistant Also, if the di e of any kind; tounced death attendance on	CAUSE OF DEATH    18.
his a lso, if of any unced tenda	DISEASE OR CONDITION DIRECTLY
	(A) IMMEDIATE CAUSE MUCCON Interest 12 hours
miner of miner. A fracture to proncigular a	heart foilure, asthenio, etc. It means the disease, injury ar camplication which caused death.
min min fra ho po	ANTECEDENT CAUSES
ECTOR: examiner xaminer ) A fractu who pro	DISEASES OR CONDITIONS, if any, giving nise to the above couse (A) stoling the
- A M	UNDERLYING CONDITION lost (C).
Www.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	Contract Conditions Contributing
FUNERA The chief me by a med 2) Body bu re the phy physician fore the rei	O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATH?  20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUI he cl	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?
_ == 0 F L#	OR CONTRIBUTING CAUSE OF home, form, fociory, street, office bidg., INJURY OCCUR?
م و م ع	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At The Not While Company of
> = 200	(APPROX.)  While At Work  Not While I
	22. I certify that (1) (this hospital) attended the deceased from AKS 19 1 ta AVS 3
55 2 4 2 5 3	that (i) (we) last saw the deceased alive an A118 3 19 0 and that fn(my) (our) apinion death accurred an the date
ust be a pased to dent of cospital death) must be	and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE    23B. DATE SIGNED
- V: A	Charles Charles MD Attending Med. Staff M 1 2 12 21
s re to over the control of the cont	23C. PHYSICIANS 23D. ADDRESS 4940 Eastern Avenue
rificate m y was rel (1) An acc 3.A. at a l d prior to	CHU-SHIN CHILL MD now Baltimore City Hypolitical
E-7 00 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Stote)
This certif the body shows: (1) was D.O deceased	BURING JACO II DUCANCY VALLEY MONA, BALTO. CO., NOD.  25A. DATE REC'D BY HEALTH DERI. 125B. NAME OF REGISTRAR 125C. FILMERAL DIRECTOR ADDRESS.
This the bashow was dece	AUG 6 1971 Paber E. Nauber, K. D. LERICH FUNELL HOME, DONDALK NO.
	VS 150-REV. 1/1/68

% e = " made to the contract of the second

A-2	23 71	7406		TE OF DEATH	REG. NO	74 7406
1. NAME OF D		T A		2. DATE A	ND HOUR OF DEATH	·, † , 400
			styniak, Sr.		st 2, 1971	1
FULL NAME (		SPITAL OR INSTIT	UNCED DEAD	4. USUAL RESIDENCE (Wh. A. STATE & COU	ere deceased lived. If NTY	institution: residence before admission
HOSPITAL OR	2705 Easter	OCATION		c. City or town Baltimore	D. IN	SIDE CITY LIMITS?  YES X NO
00	2707 Basoon	, ,	L.V.	E. STREET AND NUMBER 2705 Eastern	Ave.	
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 His
Male	White	WIDOWED		March 13, 191	lost birthdoy)	Months Doys Hours Min.
IOA, USUAL OC	CUPATION (Give kind of			11. BIRTHPLACE (State or for		
Retire	d Martin Ma	ed] ]		Maryland	eign country!	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	ME	
	Augustyniak			Agnes Sobs	zak	
15. Was Deceas (Yes, no or unknown) No	ed Ever in U. S. Armed wnl (If yes, give wor or o	Forces? dotes of service)	16. SOCIAL SECURITY NO. 212-05-9931	17. INFORMANT (Wife) Mrs. Eleanor K.		cern Ave Balto. Md.
18. / / /	A A !		CAUSE OF DEATH		11-6-031110	
1 4/	0.0		The state of the s	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISE	ASE OR CONDITION LEADING TO DEAT		Heule	Corenary O	achure	
(This is a second			(A) IMMEDIATE CAU	SE	(custo	7
heart failur	nat meon the mode e, osthenia, etc. it med	of dying, e.g.,		A CONSEQUENCE OF:		
injury or co	amplication which caus	sed death.)		1		
	ANTECEDENT CAUS		11.01	1 /1/ 10/1		
			(B) COVY CE	is the our		
rise lo	OR CONDITIONS, in the obave cause (, NG CONDITION last,	il ony, giving A) stoting the	DUE TO, OR AS	Levlend	evD.	
			(c)			
E ITO THE DE	IFICANT CONDITIONS ( ATH BUT NOT RELATED TO	THE TERMINAL				
DISEASE OR	CONDITION GIVEN IN I	PART 1 (A).	***************************************	**************		
		PERFORMED	WHICH OPERATION	NO	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
I OK CONTRI	ENT WAS UNDERLYING BUTINO CAUSE OF ity medical examines	21 B. hom etc.)	e, form, foctory, street, off	or about 21 C. WHERE DID	(If In Boltimo	re City, give exact facation)
21D. TIME	(Month) (Doy) (Yes	orl (Hour) 21E	INJURY OCCURRED	21f. HOW DID INJ	IIIPY OCCIUP?	
OF INJURY					OK! OCCOR!	
TAPPROAJ		Wor				
22. 1 certif	y that (I) (this hospi	(at) ottended th	e deceased from	dans	1/4/1	14002 11
	) lost saw the decea		according T	JAI	14 7 76 40	19/
			- cry	and th	at in (my) ( <del>oor)</del> api	inton death accurred an the date
ond hour a	nd fram the couses s	tatèd obove. (1)	iv (ten bib) (bits) (9#) (	ew the body after death.		
23A. SIGNAT	URE /	1	A. ILA	,		23B, DATE SIGNED
	10/11	/	I WALLEN	iding Med.	Shell C	
X	nevin /	jour	DEGREE Phys.	Director Director	Staff Phys.	8/3/71
PHYSICI NAME	(Type)	7	2	3D. ADDRESS		
4A. BURIAL CR	Melvin J.			2711 Eastern Av		
KEMOVAL			ME of CEMETERY of CREA		OCATION (C	ity, town, or county! (State)
Burial	0/7/71		Stanislaus Co		Balti	more, Maryland
AUG 6	197 Caba	258 ANAME O	FEGISTRAR	John J. Duda,		n St. Balto. Md.
'S 150-REV. 1/1	/68	1 9 7		d d	LULY NUUSO	H Dt. Darwe Hu.



M-20	071	ZALO	7CAL		BALTIMORE CITY HE			DEAT	71	. 7	7407
BIRTH NO.							AIL OI	DLA	REG. NO.		
1. NAME OF DE	CEASED	EDGA	R R. MC	oss,	Sr.	2. DATE OF	Known X	Month	Doy	Yeo	
4. PLACE IN BA	LTIMORE, MA	ARYLAND, Y	VHERE PR	ONO	UNCED DEAD	DEATH 3. DATE	Estimoted Es	Augu	st 3, 19	/ L Yea	7:30 A.M.
FULL NAME OF HOSPITAL OR INSTITUTION					N, GIVE STREET	PRONOUNC		Augu	st 3, 19	71	7:30 A. M
1001	ntebel:	Lo Stat	e Hos	pit	al	IA. STATE	ence (where aryland	e deceased li			ce belore odmission)
6. SEX	7. RACE Whi	te		_	NEVER MARRIED	C. CITY OR TO	Duna		D. INSIDE CI	TY LIMIT:	" <u>eu</u>
9. DATE OF BIR		10. AGE (II	WIDOW		DIVORCED L	E. STREET AND	altimore	e	YE	s 🔲	No 🕅
Aug. 2,	1933	lost birthdo	y)	Month	B Days Haurs Min.		B13 St.	Clair	Lane		
11. BIRTHPLACE	Stote or foreign	on country)			TIZEN OF	13. FATHER'S N	IAME	mon M	VI-200		
		n kind of world	148 KIND			115 MOTUTING			153		
Bu	rner		Bet.	n.	USINESS OR INDUSTRY Steel Co.	is. MOINER'S	MAIDEN NAI	Rose	Totten		
16. WAS DECEAS	SED EVER IN	U.S. ARMED	FORCES: of service)	3	17. SOCIAL SECURITY NO. 229-36-5186	Mrs. Vir		. Moss			Dundalk, Mo
119.	0	,			CAUSE OF DEA		STITTE I	11002	1017 0		APPROXIMATE INTERVAL
EX	84 X				CAUSE OF DEA						ETWEEN ONSET AND DEATH
DISEAS	SE OR COND LEADING TO		CTLY			c.	shduma1	In come to			
(This does	not mean the	made of du	lng, e.g.,		(A)IMMEDIATE C	AUJE	ubdural	nemato	oma		
heart tollure	e, asthenia, etc mplication whi	. It meons the	disease.		DUE 10, OR A	S A CONSEQUEN	CE OF:				
			,								
A	NTECEDENT	CAUSES			(8)						
RISE TO TH	OR CONDITION	UNS, IF ANY USE (A) STAT	GIVING		DUE TO, OR	S A CONSEQUE	NCE OF:				
	NG CONDITI	ON LAST.			(c)						
2		11									
OTHER SIGN	NIFICANT CON ATH BUT NOT	DELATED TO	THE TEDMI	NG							
DISEASE OF	RCONDMON	GIVEN IN PA	RT 1 (A)-								
OTHER SIGN TO THE DE DISEASE OF D			-		HICH OPERATION WA	S PERFORMED				21. AUI	TOPSY? (Yes or Na)
-1	NAL CAUSE		d inj							1	No
UNDERLYING UTING CA			h	ome,	ACE OF INJURY (e.g., larm, lactory, street, affice	bldg, etc.) INJUI	WHERE DID (	lf In Baltima	e City, give exac	AC.	
					?	15 7			0	0-	00
OF INJURY		oy) (Year			INJURY OCCURRED	22F. 1	HOW DID IN				
(APPROX.)	5-9-71		? ,	n. WC	ILE AT NOT	MHILE X FE	11 off	a bar	stool		
23.	His about 1 to	t		1 %							
	lify that I h		nquiry				nd that on th	is basis,	death In my	pinion	
resul	ted from: N	atural caus	505 Ld .	Acc	cident X Suicide	Homici	ide 🔲 t	Indetermin	ed manner	]	
ACTUAL	0	0 0	13	1	1 -	CHIE	F MEDICAL E	XAMINER			0.477 (10)170
SIGNAT		Mark	, U-	9	simpally	ASSISTAN	IT MEDICAL E	XAMINER	X		DATE SIGNED
EXAMIN NAME (1		harles	S. S	pri	ngate, M.D.	ASSOCIAT	E MEDICAL E	KAMINER	□ Aug	gust	3, 1971
24A. BURIAL CREA	MATION, 2	48. DATE	-	24C.	NAME of CEMETERY	CREMATORY	24D. L	OCATION	(City, town,	or count	ly) (Stote)
Burial		8-6-71			ak Lawn Ceme	tery	В	altimo	re, Mary		
25A. DATE REC'D	20 :-	- 0		-	F REGISTRAR	25C. FUNE	RAL DIRECTO			DRESS	
AUG	. 10	1 160	Pers E	Va	Son K.D.	John	J. Duda	7922	Wise Ave	. Du	indalk, Md.
VS 151-REV. 1/1/6	•	N	83	12	1.09 11 )	00	0 6				

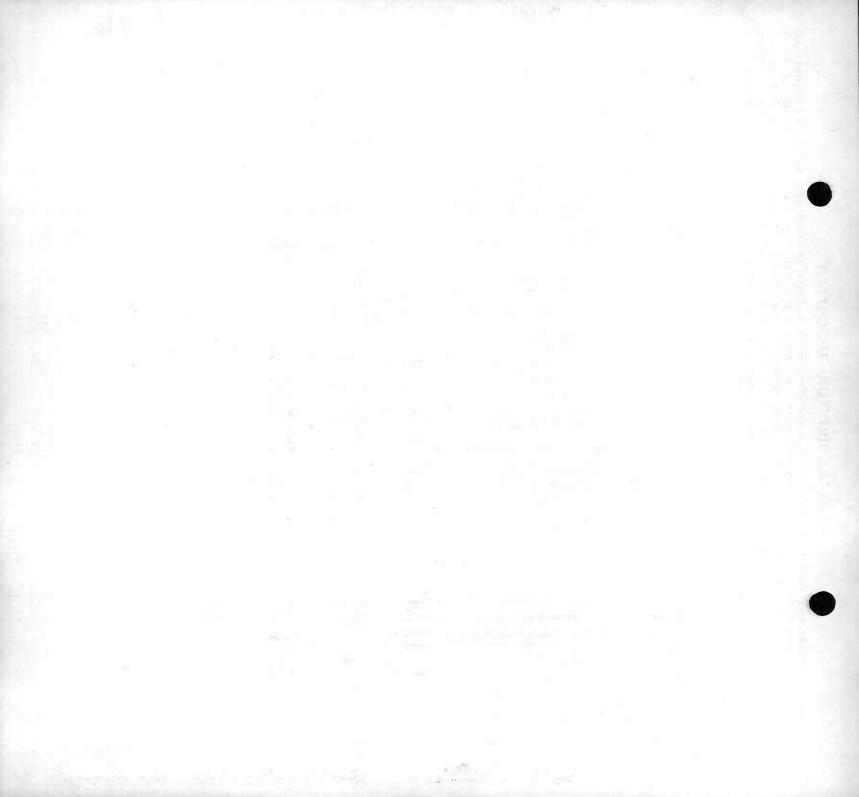
beengest recognition of the property of definite Dade (252 Mine Lyes, aneside, beiIMPORTANT

DIRECTOR:

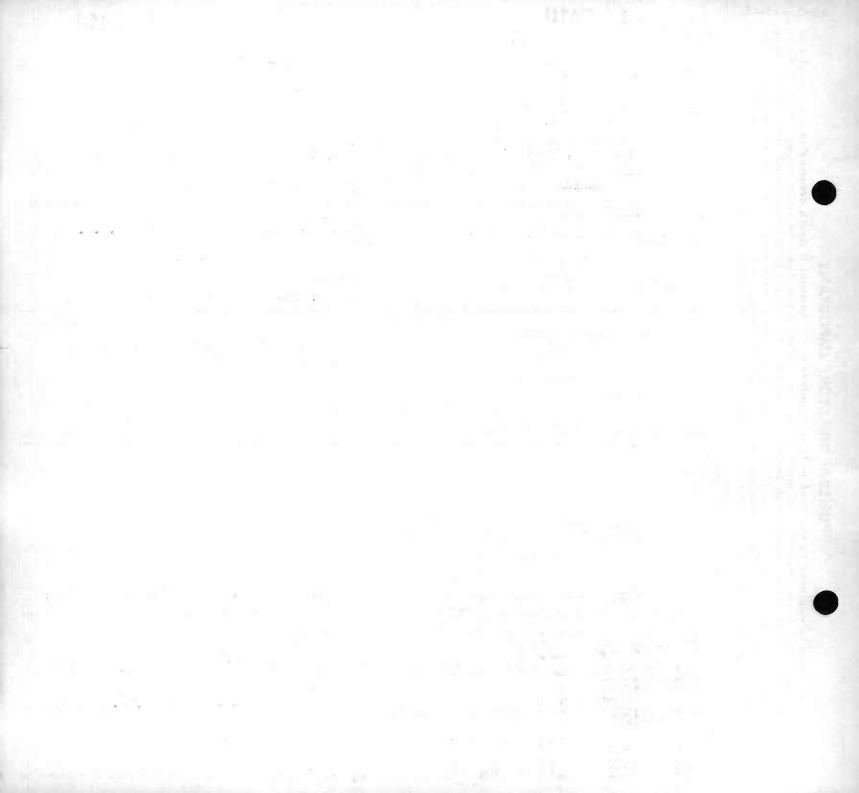
FUNERAL



71 7409 BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. CERTIFICATE OF DEATH REG. NO. 1. 7409
1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH -7 / C. J.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceded lived, If institutions residence before admiss
A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOGATION)  IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET (C.CITY, OR TOWN)  C.CITY, OR TOWN  ID. INSIDE CITY HMITS?
S. BALTIMORE GUT WESDITHL E. STREET AND NUMBER VES NO
1417 CHurch Street.
S. SEX OF BIRTH 9. AGE (in yeogs If Under 1 V., If Under 24
WIDOWED DIVORCED   10/15/95   lost birthdoy) 75   Months Doys Hours Min
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT COUNTRY (COUNTRY)
From Worker LITHUANIA
3. FATHER'S NAME
PETER URSULA.
5. Was Decessed Ever in U. S. Armed Ferces?  Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL  SECURITY NO.
No 216-09-8375 B Pauline Limba 1417 CHurch St.
18. COO X d 7 E O CAUSE OF DEATH APPROXIMATE INTERV.
DISEASE OR CONDITION DIRECTLY
(A) IMMEDIATE CAUSE SCOTIC SCIOCK (GRANI-)
heart failure, asthenia, etc. It means the disease,
ANTECEDENT CAUSES  SCOTICE AN IA
DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:
I have it the above cause (v) signing the
UNDERLYING CONDITION last. (c) UKE MIGH. B. P. T.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DIA COLO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A-DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A. AUTOPSYTIVES OF No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The contract of in solimore City, give exact location
DEATH (natify medical examiner)   elc.)
21D-TIME (Manth) (Day) IYear) IHaur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
IAPPROX.)  While At Not While At Work
22. I certify that (1) (this hospital) ottended the deceased fram 19 7/ ta 8 / 4 19
that (D)(we) last saw the deceased alive on 5/4 19 7/ and that in (my) opinion death accurred on the
and hour and from the causes stated above. (1) (We) (did not) view the body after death.
23A. SIGNATURE
Attending Med. Staff Phys. Director Phys. W
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  23D. ADDRESS
234 (North . Sall S Hange St.
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
Rusing 8-2-21 Haly Prop P. T. P.11
SALPATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 250. FUNERAL DIRECTOR ADDRESS
AUG D 1971 Wase & Caller MA C C All E Cold House
\$ 150-REV. 1/1/68

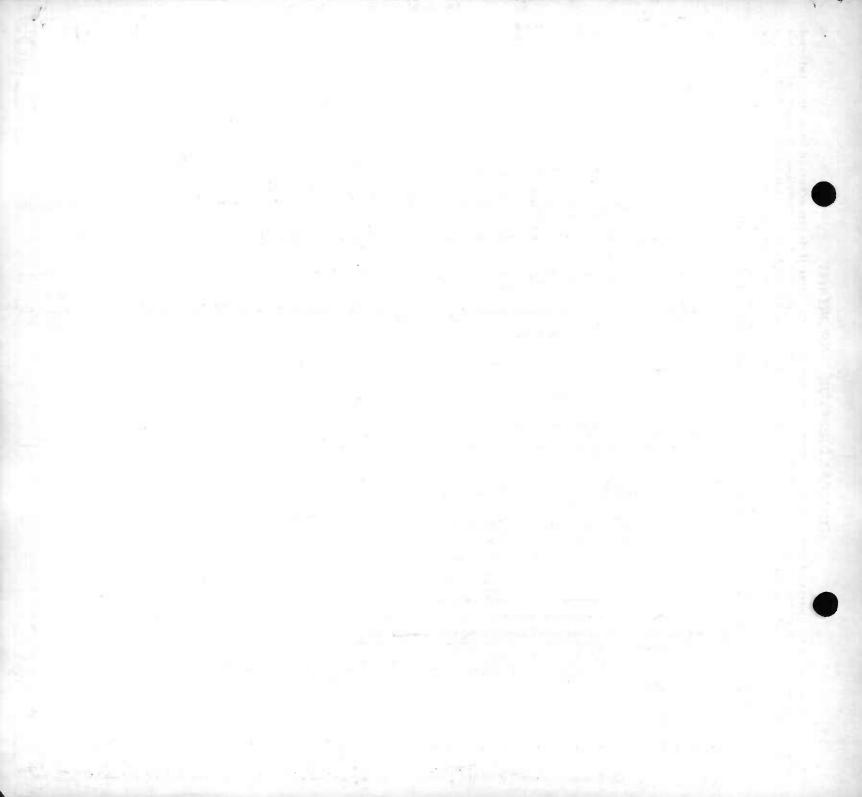


	H NO.	EASED		OEKTII TO	ATE OF DEATH	AND HOUR OF DEAT	TH
	o or Print)		nur Cribb	os		-1971	
3. P	PLACE IN BAL	TIMORE MARYLAND,			4. USUAL RESIDENCE (VA. STATE B. CC	there deceased lived. If	f institution: residence befo
FUL	SPITAL OR	ADDRESS OR LO	TAL OR INSTITU	ITION, GIVE STREET	Maryland C.CITY OR TOWN		NSIDE CITY LIMITS?
INS	TITUTION	Baltimore Ci	ity Hospi	tals	Baltimo	1	YES X NO
1	3	4940 Eastern			E. STREET AND NUMBER		
		Baltimore, Ma	aryland	21224	2537 Qua	entico Aven	
5. SI	ix Male	6. RACE NEGRO	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 10/10/19/00 15	% AGE (in years lest birthday)	Months Doys Hour
		JPATION (Give kind of wo		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of	oreign countryl	12. CITIZEN OF WHA
/	abore			ruction	North Carol:	ina	U.S.A.
13. F	FATHER'S NAM	AE .			14. MOTHER'S MAIDEN		
		<b>S</b> hirff	Cri66	.5		Mill	
15. V	Nes Decessed	Ever in U. S. Armed F.	tes of service)	1 & SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	ND	Just Size was of ac	vi collino	245-10-1844	Records: BCH-	1940 Eastern	Avenue 212
	18. / /	7 / 1		CAUSE OF DEA	TH		APPROXIMA BETWEEN ONS
	DISEASES Conise to the	plication which cause ANTECEDENT CAUSE OR CONDITIONS, If a above cause (A) CONDITION last.	s any, giving		S A CONSEQUENCE OF:		
	DISEASES Of the UNDERLYING	ANTECEDENT CAUSE OR CONDITIONS, If or above cause (A) OR CONDITION last.	any, giving stating the	(8) DUE TO, OR A			
	DISEASES CONSERVATION OF THE SIGNIFT OF THE DEAT DISEASE OR CONSERVATION OR CONSERVATION OF THE DEAT D	ANTECEDENT CAUSE OR CONDITIONS, If or obove cause (A) OR CONDITION last.  II ICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PROPERTY OF PARTY OF PA	any, giving stating the stating the THE TERMINAL ART 1 (A).	(c)	S A CONSEQUENCE OF:	NAI OR It we me	
	DISEASES CONSERVATION OF THE SIGNIFT OF THE DEAT DISEASE OR CONSERVATION OR CONSERVATION OF THE DEAT D	ANTECEDENT CAUSE OR CONDITIONS, If or couse (A) OR CONDITION (ast.  II ICANT CONDITION CONDITIONS C	any, giving stating the stating the THE TERMINAL ART 1 (A).	(c)	S A CONSEQUENCE OF:	No) 208, IF YES, WE	RE FINDINGS CONSIDERE CAUSES OF DEATH?
CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OF C 19A- DATE OF 21A- ACCIDED OF CONTRIBU	ANTECEDENT CAUSE OR CONDITIONS, If or obove cause (A) OR CONDITION last.  II ICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PROPERTY OF PARTY OF PA	any, giving the stating the ontributing the terminal art 1 (A).	(C)  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street,	S A CONSEQUENCE OF:		
CAL CERTIFICATION	DISEASES CONTROL  OTHER SIGNIF TO THE DEAT DISEASE OR CONTROL  OR CONTROL  DEATH (notify  21D, TIME	ANTECEDENT CAUSE OR CONDITIONS, If Or couse (A) OR CONDITIONS, If Or couse (A) OR CONDITION last.  II ICANT CONDITION S CONDITION GIVEN IN PARTIES OPERATION 198. CO ONDITION GIVEN IN PARTIES OPERATION 198. CO	any, giving stating the Statin	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED	20A-AUTOPST? (Yes of NO NO STORE Bidge INJURY OCCUR		RE FINDINGS CONSIDERE CAUSES OF DEATH?
DICAL CERTIFICATION	DISEASES CONTROL OTHER SIGNIF TO THE DEAT DISEASE OR CONTROL 21A. ACCIDED OR CONTROL DEATH (notify	ANTECEDENT CAUSE OR CONDITIONS, If or chove cause (A) OR CONDITION last.  II ICANT CONDITION SC. ICANT CONDITION GIVEN IN PI OPERATION 19 P. O	any, giving stating the stating the ontributing the terminal art 1 (A). Notion for various for the terminal art 1 (A).	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED	20A-AUTOPST? (Yes of NO NO STORE Bidge INJURY OCCUR	) (II in Boill	RE FINDINGS CONSIDERE CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES CO rise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A-DATE OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)	ANTECEDENT CAUSE OR CONDITIONS, If O above cause (A) O CONDITION last.  ILICANT CONDITION S CONDITION GIVEN IN P. OPERATION IN OUR P.	any, giving stating the stating the ontributing the terminal art i (A). Wolffon FOR veroamed (Hous) 21E. Whi wor	VHICH OPERATION  PLACE OF INJURY (e.g., e, form, factory, street, injury occurred Not White At Work	20A-AUTOPSTY (Yes of NO Office bidge INJURY OCCUR	(II in Bolt	RE FINDINGS CONSIDERE CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES CO rise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR CO 19A-DATE OF CONTRIBUTE OF INJURY (APPROX.)  22. I certify	ANTECEDENT CAUSE OR CONDITIONS, If or chove cause (A) OR CONDITION last.  II ICANT CONDITION SC. ICANT CONDITION GIVEN IN PI OPERATION 19 P. O	any, giving the stating the stating the ontributing the terminal art 1 (A).  NOTION FOR VERFORMED    218. hometal the state of the stat	VHICH OPERATION  PLACE OF INJURY (e.g., e, form, factory, street, injury occurred Not White At Work	20A-AUTOPST? (Yes of NO, in or about 21C. WHERE DIE office bidge INJURY OCCUR	(II in Boits INJURY OCCUR?	RE FINDINGS CONSIDERE CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OF CHISE TO THE DEAT DISEASE OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)  21 L. Certify that (N (we))	ANTECEDENT CAUSE  OR CONDITIONS, If  or above cause (A)  O CONDITION last.  II  ICANT CONDITION S CONDITION GIVEN IN P.  OPERATION 198 CONDITION GIVEN IN P.  OPERATION 198 CONDITION CAUSE OF medical examined  (Month) (Doy) (Year that TV (this hospit last saw the decoast	any, giving stating the stating the stating the only stating the only stating the stating	VHICH OPERATION  PLACE OF INJURY (e.g., form, factory, street, lind with the deceased from the decease	20A-AUTOPSYZ (Yes on NO INDURY OCCUR	INJURY OCCUR?	RE FINDINGS CONSIDERE CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OF CHISE TO THE DEAT DISEASE OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)  21 L. Certify that (N (we))	ANTECEDENT CAUSE OR CONDITIONS, If Or above cause (A) OR CONDITIONS, If Or above cause (A) OR CONDITION last.  III ICANT CONDITION SC. H BUT NOT RELATED TO ONDITION GIVEN IN P. OPERATION 198 CO WAS PE  IT WAS UNDER OF medical examined  (Month) (Doy) (Yea  that TN (this hospit last saw the decase d fram the causes st	any, giving stating the stating the stating the only stating the only stating the stating	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form)  INJURY OCCURRED  Not We had deceased from had be deceased from ha	20A-AUTOPST? (Yes of NO, in or about 21C. WHERE DIE office bidge INJURY OCCUR	INJURY OCCUR?	RE FINDINGS CONSIDERE CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES CONTROL OTHER SIGNIFTO THE DEAT DISEASE OR CONTROL DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (N (we) and hour and	ANTECEDENT CAUSE OR CONDITIONS, If Or above cause (A) OR CONDITIONS, If Or above cause (A) OR CONDITION last.  III ICANT CONDITION SC. H BUT NOT RELATED TO ONDITION GIVEN IN P. OPERATION 198 CO WAS PE  IT WAS UNDER OF medical examined  (Month) (Doy) (Yea  that TN (this hospit last saw the decase d fram the causes st	any, giving stating the stating the stating the only stating the only stating the stating	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form)  INJURY OCCURRED  Not We had deceased from had be deceased from ha	20A-AUTOPSYZ (Yes on NO INDURY OCCUR	INJURY OCCUR?	RE FINDINGS CONSIDERE CAUSES OF DEATH? more City, give exact location apinion death occurred
MEDICAL CERTIFICATION	DISEASES CONTROL OTHER SIGNIF TO THE DEAT DISEASE OR CONTROL DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (N (we) ond hour and 23A. SIGNATU	ANTECEDENT CAUSE OR CONDITIONS, If or above cause (A) or CONDITION last.  III ICANT CONDITION SC. H BUT NOT RELATED TO ONDITION GIVEN IN P. OPERATION 198 CO WAS PE  IT WAS UNDERLY OF medical examined  (Month) (Doy) (Yea  that TN (this hospit last saw the decease of from the causes st	any, giving stating the stating the stating the only stating the only stating the stating	VHICH OPERATION  PLACE OF INJURY (e.g., e, form, factory, street, injury occurred in At Work At Work in edeceased from the deceased from t	20A-AUTOPST? (Yes on NO, in or about 21C WHERE DIE office bidge INJURY OCCUR.  21F. HOW DID it is and the state of the body after deather	INJURY OCCUR?  19 20 ta  1 that In (my) (500) th.	apinion death occurred
MEDICAL CERTIFICATION	DISEASES OF THE SIGNIF TO THE SIGNIF TO THE DEAT DISEASE OR C 19A-DATE OF CONTRIBUTION OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (N (we) ond hour and 23A. SIGNATURE)	ANTECEDENT CAUSE OR CONDITIONS, If or above cause (A) or CONDITION last.  III ICANT CONDITION SC. H BUT NOT RELATED TO ONDITION GIVEN IN P. OPERATION 198 CO WAS PE  IT WAS UNDERLY OF medical examined  (Month) (Doy) (Yea  that TN (this hospit last saw the decease of from the causes st	any, giving stating the stating the stating the ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR VERORMED  (Hous 21E, Whi Woil at 1) attended the sed alive an attended above. (I	VHICH OPERATION  PLACE OF INJURY (e.g., e, form, factory, street, lind at lind at lind with the deceased from lind at	20A. AUTOPST? (Yes of NO NO In or about) 21C. WHERE DIE office bidg. INJURY OCCUR.  21F. HOW DID will be and the body after dea thending Med. Director Laborator Labor	INJURY OCCUR?  19 20 ta I that In(my) (201) the Stoff Phys. 1	apinion death occurred
MEDICAL CERTIFICATION	DISEASES CONTROL OTHER SIGNIF TO THE DEAT DISEASE OR CONTROL DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (N (we) ond hour and 23A. SIGNATURE (N MAME (T	ANTECEDENT CAUSE OR CONDITIONS, If or above cause (A) or CONDITION last.  III CANT CONDITION SC. H BUT NOT RELATED TO ONDITION GIVEN IN P. OPERATION 198 CO WAS PE  WAS UNDERLYING ITHNO CAUSE OF medical examined  (Month) (Doy) (Year  that Th (this hospit last saw the decom- d fram the causes st	any, giving stating the stating the stating the ontributing the terminal left (A).  NOTION FOR VERORMED  21E. White the state of the st	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form)  INJURY OCCURRED  Not We had deceased from had be deceased from ha	20A. AUTOPSY? (Yes of NO	INJURY OCCUR?  19 20 ta I that In(my) (201) the Stoff Phys. 1	apinion death occurred
MEDICAL CERTIFICATION	DISEASES CO rise to the UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR C 19.A. DATE OF  21.A. ACCIDED OR CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (N (we) ond hour and 23.A. SIGNATU  23.C. PHYSICIA NAME (T)  A. BURIAL CRE	ANTECEDENT CAUSE OR CONDITIONS, If Or above cause (A) OR CONDITIONS, If Or above cause (A) OR CONDITION last.  III ICANT CONDITION IS. OR ANTECHATED TO ONDITION GIVEN IN P. OPERATION 198 CO WAS PE  WAS UNDER OF medical examined  (Month) (Doy) (Year  that TN (this hospit last saw the decoal of from the causes st	any, giving stating the stating the stating the ontributing the terminal left (A).  NOTION FOR VERORMED  21E. White the state of the st	VHICH OPERATION  PLACE OF INJURY (e.g., e, form, factory, street, line)  INJURY OCCURRED  Not What At Work  At Work  Not Work  Not What At Work  Not Work  Not Work  Not Work  At Work  Not Work  Not Work  At Work  Not	20A-AUTOPSTY (Yes on NO In or about 21C WHERE DIT office bidge INJURY OCCUR.  21f. HOW DID will and the state of the state	INJURY OCCUR?  19 20 ta I that In(my) (201) th.  Sheff Phys. City Ho Avenue. Balt	apinion death occurred  23R. DATE SIGNED  spitals imore Md. 212
MEDICAL CERTIFICATION	DISEASES CO rise to the UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR CO 19.A. DATE OF  21.A. ACCIDER OR CONTRIBUT DEATH (notify)  21.D. TIME OF INJURY (APPROX.)  22. I certify that (N (we) ond hour and 23.A. SIGNATU  23.C. PHYSICIA NAME (T)  BURIAL CRE REMOVAL (	ANTECEDENT CAUSE  OR CONDITIONS, If  or above cause (A  CONDITION last.  II  ICANT CONDITION I LAST  ICANT CONDITION GIVEN IN P.  OPERATION 198 CO  WAS PE  IT WAS UNDERLYING  OTHER CAUSE OF  medical examined  (Month) (Doy) (Yea  that TN (this hospit last saw the decoa:  d fram the causes st  IFP  Leon Lance  MATION, 248 DATE  Specify)  1248 DATE	any, giving stating the stating the stating the ontributing the terminal latt 1 [A]. Notion FOR verton for verton etc. of the state of	VHICH OPERATION  PLACE OF INJURY (e.g., e, form, factory, street, line)  INJURY OCCURRED  Not What At Work  At Work  Not Work  Not What At Work  Not Work  Not Work  Not Work  At Work  Not Work  Not Work  At Work  Not	20A. AUTOPSY? (Yes of NO	INJURY OCCUR?  19 20 ta  I that In (my) (500) th.  Stoff Phys.  OCCUR?	apinion death occurred  23R. DATE SIGNED  spitals imore Md. 212



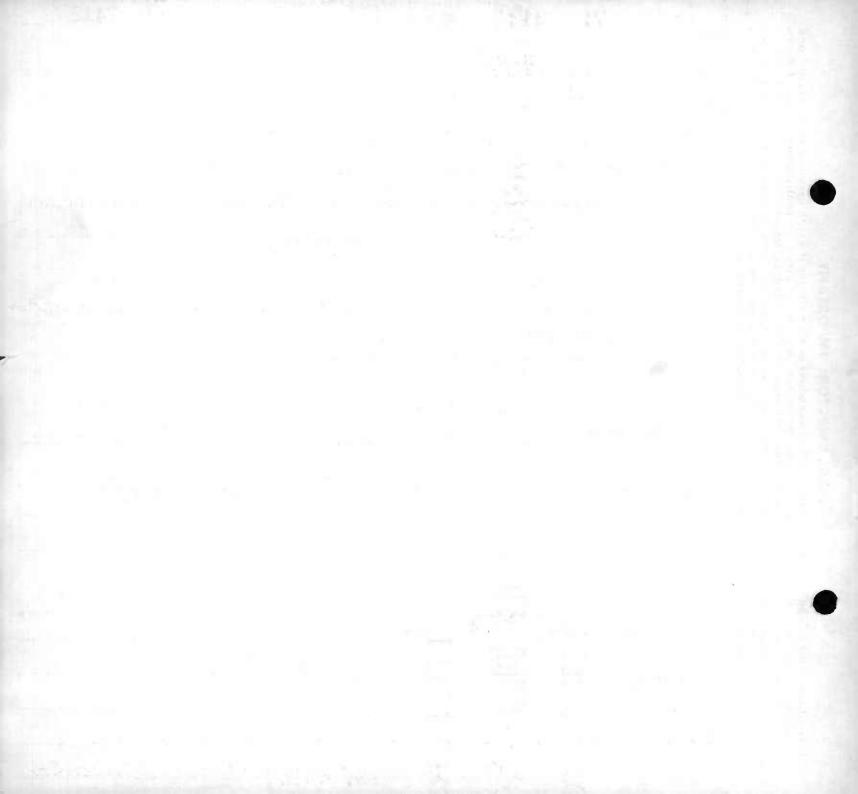
a hospital and

K	2 ,00	BALTIMORE CITY	HEALTH DEPARTMEN	NT	1
	)-620 71 741:	1 CERTIFICA	TE OF DEAT	TH REG. NO	74 7411
	AME OF DECEASED RAYMOND I	BROOKS	2. DA	TE AND HOUR OF DEATH	3/75 PM
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE		nstitution: residence before admission
FUL HO: INS	L NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	LAND	SIDE CITY LIMITS?
5-	JOHNS HOPEWS HOSPT	TAL	E. STREET AND NUM	BER WASh	INgton St.
5. SI	EX 6. RACE 7. MARI	RIED NEVER MARRIED	& DATE OF BIRTH	9. AGE Un years 7	1 If Under 1 Yr. If Under 24 Hrs.
104	USUAL OCCUPATION [Give kind of work] 108, KIN	WED DIVORCED	04-20-9	9 last birthday	Months: Days Haurs Min.
	during mast of working life, even if retired)	D OL BOSINESS OF IMPOSIE	11. BIRTHPLACE (Stale	or fareign country)	12. CITIZEN OF WHAT COUNTRY?
13, 1	ONGESHOPEMAN Ste	amskip Co.	RAX GOYD	N.C.	71.5. A.
1	Tolon Brooks		Elle	N	
15. V	Vee Deceased Ever in U. S. Armed Forces?	1 6 SOCIAL	17. INFORMANT		ADDRESS
(103,	no or unknown) (if yes, give war or dates of serv	0 10	Dis TI	. 0 11	
	18.4770	CAUSE OF DEATH	Y MAS dulis	a Brooksa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAU	SE Hypoxi	À.	60 Sec.
	(This does not mean the mode of dylng, heart failure, aethenia, etc. It means the disc	DIJE TO OR AS	A CONSEQUENCE OF:	<u>'A</u>	***************************************
	Injury or complication which caused death.)	0		0	
	ANTECEDENT CAUSES		VARY DEM	A, PNEUMON	IA LWEEK
	DISEASES OR CONDITIONS, If any, girise to the above cause (A) staling	at	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(C) CONGES	ITIVE HEA	ART, FAILURES	258215
	11				
Ĕ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERM!! DISEASE OR CONDITION GIVEN IN PART 1 (A),	NG CVA	BILATERAL A	IMPUTATION BE	LOWKNEE
	19A-DATE OF OPERATION 19B CONDITION I	OR WHICH OPERATION	20 A. AUTOPSY? (Yes	OF NO. 20B. IF YES, WERE IN CERTIFING CA	FINDINGS CONSIDERED
8	21A. A CCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., in	n ot obout 21 C. WHERE	DID (If to Boltimo	ore City, give exact lacation)
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, farm, factory, street, of	fice bidg, INJURY OCC	UR	To say, give exact receiving
0	21D-TIME (Manth) (Day) (Year) (Hour) OF INJURY	21& INJURY OCCURRED		ID INJURY OCCUR?	
	(APPROX)	While Al D Not While Al Work	•		1
	22. I certify that (I) (th <del>is heesi</del> tal) attend	ed the deceased from	7 31	19 71 to	7.31 19.71
	that (1) (Ne) lost saw the deceased olive		1 19 7)		Inion death occurred on the date
	and hour and from the causes stated above	e. (1) (We) (did) (did not) v	lew the body after d	eoth.	
	23A. SIGNATURE	10)			23 B. DATE SIGNED
	Keith Z. F	DEGREE Phys		Staff Phys.	17/31/71
	23C. PHYSICIAN'S KEITH L ILL	MID.	JOHNS +	HOPKINS HOSPIT	AL, BACT. MO
24A	BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY OF CRE			ity, town, or countyl (State)
B	usial 8-5-71 /	Ir kutus Men	orial PK	Arbutus.	nd.
25A.	DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C, FUNERAL DIR	ECTOR ON AN' A	ADDRESS
VS 1	AUG 6 1971 Post 4 2 3	REMARKS DO	Mandaly	eny Collect 2	431 E. Oliver St.



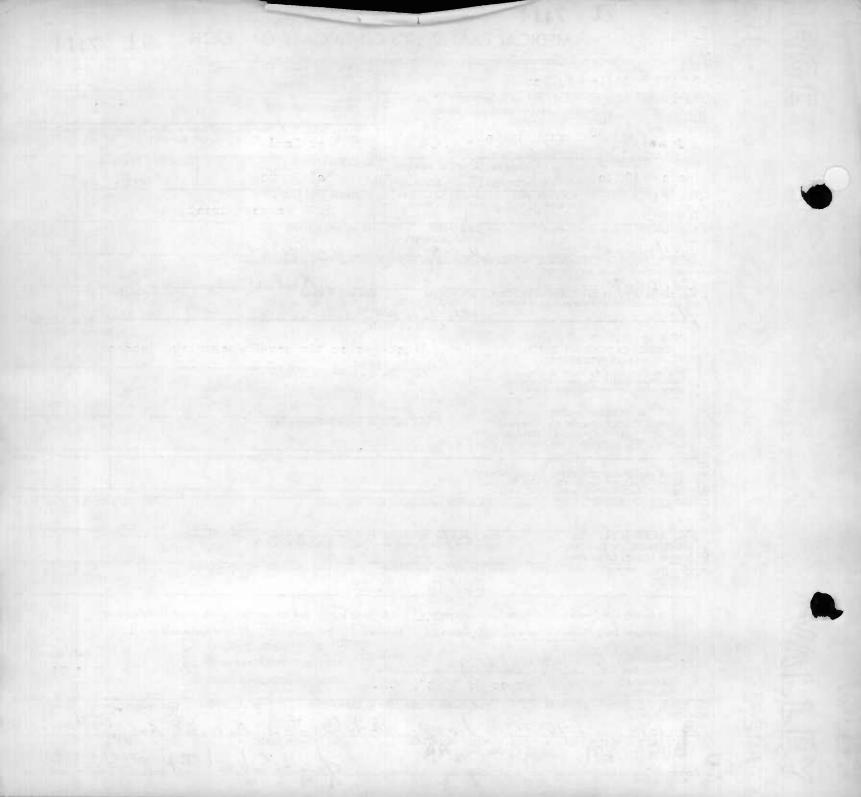
puo I	death	pessed	n the	Such		
hospita	150 of	(5) Dec	ance o	death.		1
o ui p	ing car	cause;	attend	rior to		
occurre	ntribut	rmined	regular	d peso	is made	
death	ct or co	Undete	vas in I	opep et	osition	
stant if	ne direc	ind; (4)	leath w	e on th	sal disp	
his assi	so, if th	of any k	nuced c	tendand	ed or fir	
iner or	ner. Al	acture	pronot	ular at	mpalm	
mexe le	exami	(3) A fr	ohw ne	in reg	ns are e	
f medice	medical	y burns;	physici	ian was	e remail	
he chie	l by a	(2) Bod	ore the	physic	fore th	
ved by	hospita	nature;	ept whe	ON (9) F	od peuis	
e appro	d to the	of any	tal (exc	th); and	be obto	
this certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and	released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
rtificate	dy was	(1) An a	O.A. at	ed prior	approv	
This co	the bot	shows:	was D.	deceas	writter	
						1

117-36	5 71 "	7412	BALTIN		0- 0- 1-11	REG. NO.		
BIRTH NO.		72.	CERT	IFICA	TE OF DEATH	AND HOUR OF DEATH	(	
	CORUM	Purc	EELL		7/	29/71	1	3:00 AM
	MORE MARYLAND,	1			A STATE B COL	nere deceased lived. If	institution: r	esidence before admission)
FULL NAME OF	(IF NOT IN HOSPI	ITAL OR INS	TITUTION, GIVE S	TREET	110.			841
HOSPITAL OR	ADDRESS OR LOC	LATION			C. CITY OR TOWN	D. IN	SIDE CITY L	_
35			11.2		E. STREET AND NUMBER		YES 🗸	NO [
Utu K.C	H HOME	+ 14	HOSVITA	L	2015 BEL	-AIR RO.		
SEX	6. RACE		ED NEVER MA		& DATE OF BIRTH	9. AGE (in years last birthday)	II Unde Months	Pays Hours Min.
A. USUAL OCCU	PATION (Give kind of we	WIDOW		INDUSTRY	11. BIRTHPLACE (State of Id	reign country)	112. CITI	ZEN OF WHAT COUNTRY
	operation of the operation of the property of		-		VA .			1.5. A.
FATHER'S NAM	-				14. MOTHER'S MAIDEN N	AME		
JOSE	PH WOOD	RUM			MARY	EPP3		
Wes Deceased	Ever in U. S. Armed Fr (If yes, give war or do	orces? les of Servic	SECURITY	NO.	17. INFORMANT			ADDRESS
ves	W.W.	2	217-16	A	Mrs Doroth	VE Woodry	M 158	3 LA, MONT A.
18.436	01		CAUSE			V		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION D		00	N.h.	- 1.4. 6.1	ascident		
1 1	TABLES OF DESCRIPTION		(					
(This does no	LEADING TO DEATH	•	(A) IMA	EDIATE CAU	SE VALCULAN	we co oce me		unfetermas
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1 71	7414	BALTIMORE CITY HE	ALTH DEPAR	TMENT				
+-460	MEDICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG NO	1 711	A
BIRTH NO.							9 7.2	A
I. NAME OF DECEASED (Type or Print) Willia	m Fuller		2. DATE OF	Knawn 🖺 Estimated 🔲	Month	Day	Year Hour	M.
4. PLACE IN BALTIMORE, M	ARYLAND, WHERE PRO	NOUNCED DEAD	DEATH 3. DATE	1	Month	Day	Year Haur	-
FULL NAME OF (IF NO ADDR	OT IN HOSPITAL OR INSTIT ESS OR LOCATION)	TUTION, GIVE STREET		INCED DEAD	8	6		:40 PM
Bon Se	cours Hospit	al		esidence (Where aryland		ed. If Institution B. COUNTY	residence belore o	dmission)
6. SEX 7. RACE	8. MARRIE	D NEVER MARRIED	C. CITY OR			D. INSIDE CI		
Male White	WIDOWE			altimore		YE	S NO	]
9. DATE OF BIRTH 9-8-89	lost birthday)	# Under 1 Yr. If Under 24 Hrs. Nonths   Days   Hours   Min.		OOO Ramsey	Stree	et		
11. BIRTHPLACE (Stote or lore	ign country) I	2. CITIZEN OF	13. FATHER					
Beltimore		WHAT COUNTRY?	111	Known				
14A.USUAL OCCUPATION (Gidane during mast of working life, e	ve kind of work 14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	S MAIDEN NA	WE			
Cerpenter	ven interned)		un	Known				
16. WAS DECEASED EVER IN (Yes, ng ar unknawn) (If yes, give	U.S. ARMED FORCES? wor or dotes of service)	SECURITY NO.	18. INFORA	MANT	460		DDRESS	7
No.		-216-10-6441		Jen Kray	5 987	Reversel	11/14/	TE INTERVAL
19.412.41		CAUSE OF DEA					BETWEEN ON	SET AND DEATH
DISEASE OR CON				tic cardio	-vascu	ılar dis	ease	
		(A) IMMEDIATE DUE TO, OR	AS A CONSEQ	UENCE OF:				
(This does not mean the heart follure, asthenia, et injury or complication wh	c. It means the disease, ich coused death.)							
ANTECEDEN	CAUSES	(0)						
DISEASES OR CONDIT RISE TO THE ABOVE CONDIT UNDERLYING CONDI		(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYING CONDI	NON LAST.	(c)						
<u> </u>	11							
I O THE DEATH BUT NO	NOTIONS CONTRIBUTED TO THE TERMIN	NG NAL						
DISEASE OR CONDITION		OR WHICH OPERATION W	AS PERFORM	ED			21. AUTOPSY? (	Yes or No)
O C	14 200. COMPINORE	OR WHICH OPERATION TO	IAS PERFORM				No	
Z22A. EXTERNAL CAUSI	WAS 2	2B. PLACE OF INJURY (e.g.	, in ar about 2	2C. WHERE DID	(If in Boltimo	re City, give exc	ect location)	
UNDERLYING OR COM		ome, farm, foctory, street, offi	ce bldg., etc.) Il	NJURY OCCUR?				
2 22D. TIME (Month)	(Doy) (Year) (Hour)	22E.INJURY OCCURRED	. 2	2F. HOW DID IN	JURY OCC	UR?		
OF INJURY (APPROX.)		n. WHILE AT NO	T WHILE WORK					
23.								
I certify that I			utopsy 🛄	ond that on the			_	
resulted from:	Natural couses X	Accident		omicide       CHIEF MEDICAL I		ned monner [		
ACTUAL ////	MULIN	1		STANT MEDICAL I		H	DATE	SIGNED
SIGNATURE	Mary.	M.	υ,				8/7/193	71
EXAMINER'S NAME (Type)	Werner	U. Spit', M.D	. ASSC	CIATE MEDICAL I	EXAMINER	Lud		
24A. BURIAL CREMATION.	24B. DATE	24C. NAME of CEMETER	or CREMATO	ORY 24D.	LOCATION	(City, town	n, or county)	(State)
REMOVAL (Specify)	8-10-71	Laude F	ank Ce	motor	Frede	rick Av	Beltin	aore A
25A. DATE REC'D BY HEAUTH		ME OF REGISTRAR	25C. I	UNERAL DIRECT	OR	A	DDRESS 2101 Fre	. / .
Ve lei DEV 16 /cp			H	e 9 L, Sc	hws	F,H °	, ज्याय व	3
VS 151-REV. 1/1/68	1			-1 1	Z			



IMPORTANT

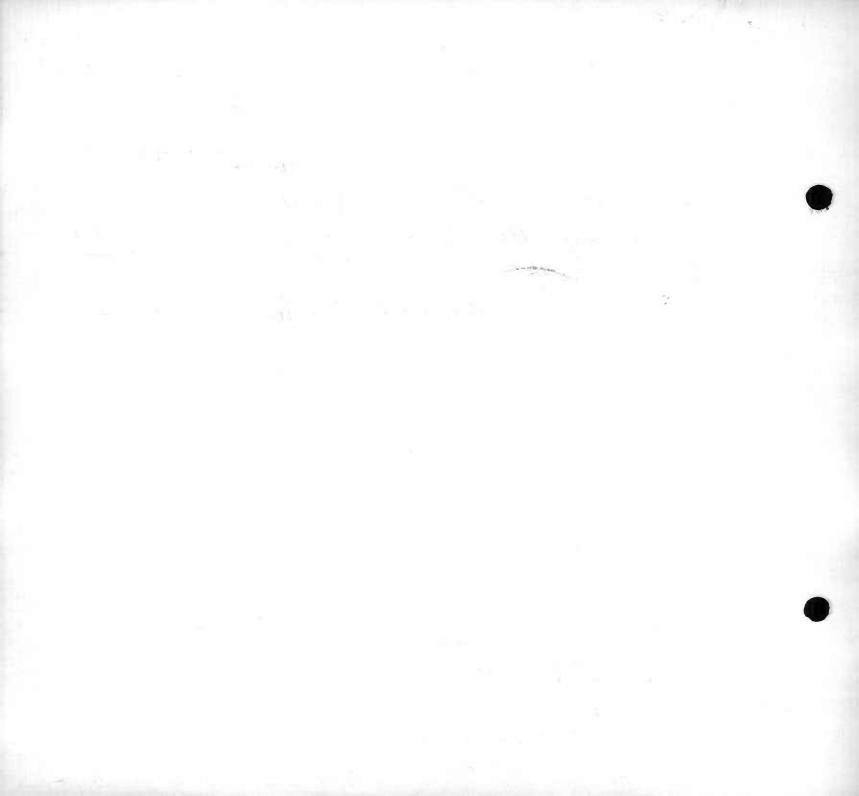
FUNERAL DIRECTOR:

4/-52	/		BALTIMORE CITY	HEALTH DEPARTMENT		leve.
BIRTH NO.	71	7/115	CERTIFICA	TE OF DEATH	REG. NO	71 7415
1. NAME OF DEC	EASED	11 1		2. DATE	AND HOUR OF DEATH	1, ,
	William	Hend	lerson	4:	8 mg 00	15/71 "
CERTINAL OF	TIMORE MARYLAND, V	AME	NDED	MARYLAND	UNII	nstitution: tosidonco before odmission)
NOITUTITZNI		8	-13-71	C. CITY OF TOWN ORE	D. INS	SIDE CITY LIMITS?
3 JHE	Johns Hopki	NS H SP	ITAL	E. STREET AND NUMBER		YE <b>3</b> ₹ NO
MALE	6. RACE NEGRO	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9-19-34	9. AGE IIn years lost birthdoyl 36 34	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCC	UPATION (Give kind of working tile, even if selired)	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLA CE  Stote or 6	oroign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	IAME	
WILL	IAM HENDERS	SON SR.		IRENE HAR	RISON	
5. Was Decoased les, no or unknown	Ever in U. S. Armed Fer	ces? 16	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	Ľ			MRS DOLOR	ES HENDERS	ON,176 Colvin St
18. // 7	111		CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY			4	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAU	« Cardiae	Arrest	5 min
(This does n	ol mean the mode ai asthenia, etc. Il means	dying, e.g.,		CONSEQUENCE OF:	711.03	2 1111
injury or com	plication which caused	deoth.)				
	ANTECEDENT CAUSES			Lucaria	. Myocardial	tubolitais
DISEASES C	R CONDITIONS, If	anu ciuine	(B)	A CONSEQUENCE OF:	1. MOCHENIA	Thankson
rise to the	above cause (A)	slaling the			V	
UNDERLYING	CONDITION last.		(c) 75	orration Po	neumonia	
	11					
OTHER SIGNIF	ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL	Upper Go	astrointestinal	Bleeding	
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	OPERATION 198 CON WAS PERI	DITION FOR WHI	CH OPERATION		//	FINDINGS CONSIDERED USES OF DEATH?
. OR CONTRIBLE	IT WAS UNDERLYING TING CAUSE OF	218. PLA home, f	CE OF INJURY leag., in orm, foctory, street, off	or about 21 C. WHERE DID	(II In Baltimor	re City, give exoct locotion)
DEATH Inotify	IMonth) IDoy) IYcon	(Hour) 21E, IN.	URY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
IAPPROX.)		While A	No! While			
22. I certify	that (1) (this hospital			Jn 25	1971 to AJ	qust 5 1971
	last saw the decease		4:00, Asg. 5	0 = 1		nion death occurred on the date
and hour and	from the causes stat	ed abave. (1) (W	(e) (did) (did not) vi	ew the bady after death		
23A. SIGNATU						23 B. DATE SIGNED
10		ber, M.	O DEGREE Phys.	Med. Director	Staff Phys.	5 Ruguet 1971
NAME (T)	nel	COOPER,		THE JOHNS	HOPKINS HOS	SPITAL
IA. BURIAL CREA	MATION, 248, DATE		DEGREE of CEMETERY of CREA			ty, town, or countyl (Stoto)
Buria	1 8/9/7	L MT	Auburn C			M
	BY HEALTH DEPT.	25B. NAME OF R	EGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
מטטק	13/1 Violen	- Marie		Adolphus	Halst ead	1206 W orth Av

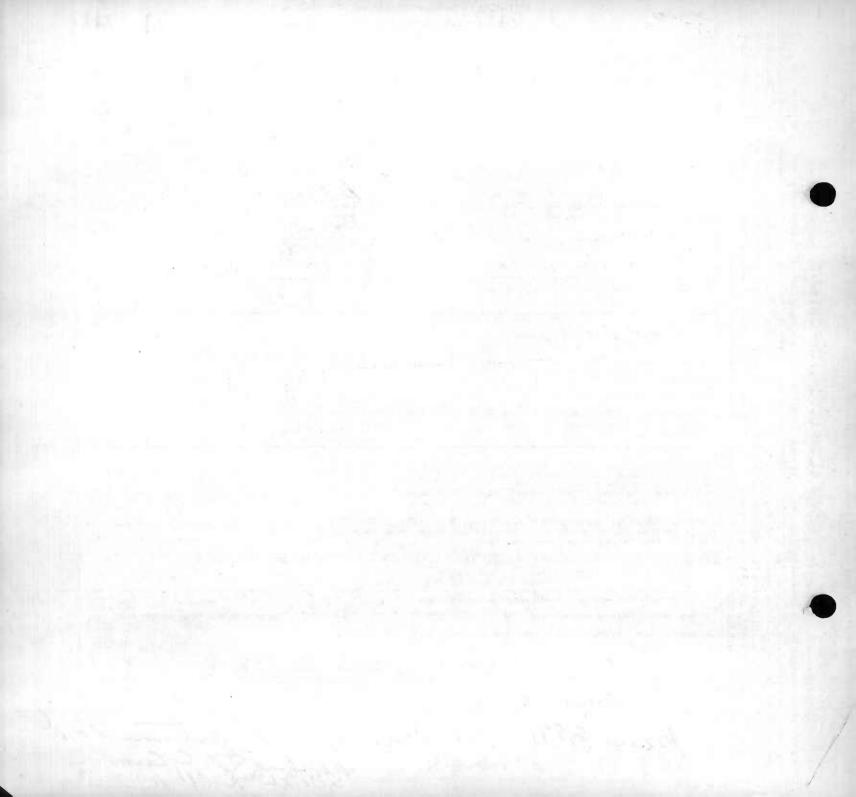
-1 JE 17 (19)

M.H.

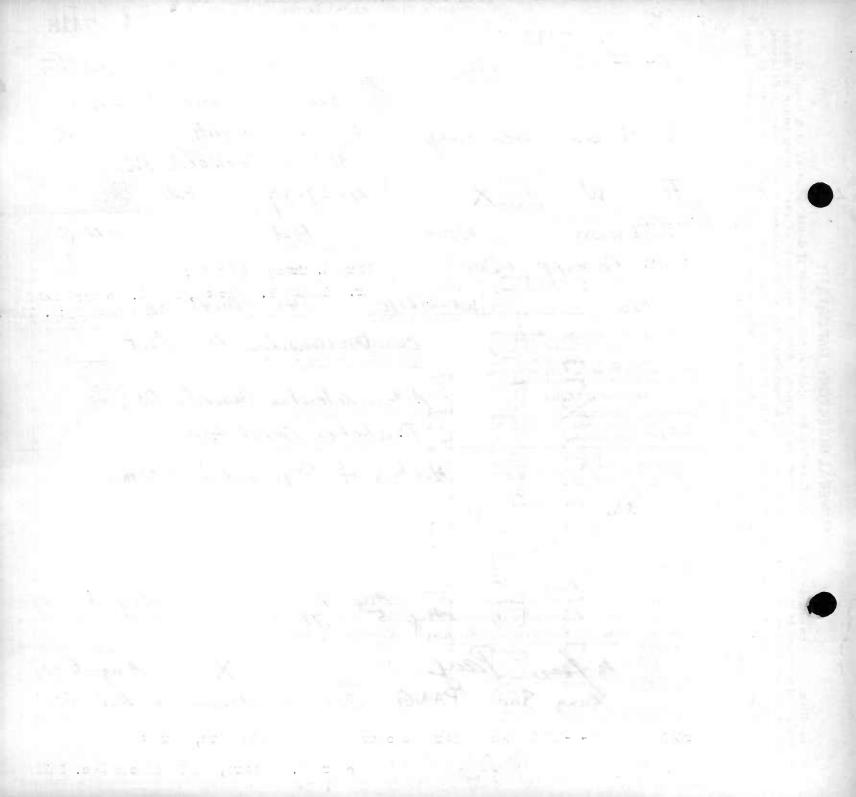
1	100			BALTIMORE C	ITY HEALTH DEPARTMENT	1-1/	
BIR	TH NO.	71	7416	CERTIFIC	ATE OF DEATH	REG. NO.	7416
1.1	NAME OF DECEA	Dallis	2	2		ND HOUR OF DEATH	225
3.	PLACE IN BALTIA	AORE MARYLAN	ID, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	me deceased lived If inst	titution: residence before admission
FU HC	LL NAME OF DISMITAL OR STITUTION	(IF NOT IN H	OSPITAL OR I	NSTITUTION, GIVE STREET	C. CITY OR TOWN	10.	2851
-	Bon	Secours 1	Hospita	<u>l</u>	BAITIMORE E. STREET AND NUMBER		YES NO
-					311 EDSONIE	AP TINOA)	YERAVE
5. 5	EX F	RACE	7- MAR WIDO	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
A01	USUAL OCCUPA	ATION (Give kind o	work 10 B. KIN	D OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or lore	ign country)	12. CITIZEN OF WHAT COUNTR
	House	wike -	14	rusewife	Venoubrani	2 -	NI Sa.
3.	ATHER'S NAME	00	0,		14. MOTHER MAIDEN NA		1,2,0,,
- <	rame		aff	-7	Unknow	on	
163	Was Deceased Ev no or unknown) (If	er in U. S. Arme yes, give war or	d farces? dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	Mr. Irine Roemer	J	ADDRESS
				217-26-167	9211 Louce St. a		2202
	DISEASE	OR CONDITION	DIRECTLY	CAUSE OF DEA	ATH //		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	(This does not	ADING TO DE		(A) IMMEDIATE C	AUSE Cardine Arr	hythmia de	18
İ	heart failure, ast injury at camplic	henio, atc. It me	eans the disc	ase, DUE TO, OR A	S A CONSEQUENCE OF:	ongestive He	ext
		ECEDENT CAL			For	ilure	
4	DISEASES OR	CONDITIONS,	il ony, qi	ving (8)	AS A CONSEQUENCE OF:		*********
- (	rise to the d	bove couse	(A) stoling	1110			
ı		11		(c)			
AIION	OTHER SIGNIFICA TO THE DEATH B DISEASE OR CON	UT NOT RELATED	TO THE TERMS	NG IAL			
KIL	19A-DATE OF OP	ERATION 198.	CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
	21 A. ACCIDENT NOR CONTRIBUTION DEATH (notify me	GI CAUSE OF	10 🔲	21B PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg. INJURY OCCUR?	(If In Boltimore (	City, give exact location)
5 3	21D. TIME (M	onth) (Doy) (Y	ear) (Houd)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
5	(APPROX.)			While At Not Will Work At Work	ile 🔲		
1	22. I certify tha	t (1) (this hosp	ital) attend	ed the deceased from	7 /	9 21 to Aug	5 19 2/
	that (i) (we) las				25-1		on death occurred an the date
	and haur and fro	m the causes	stated above	. (1) (We) (did) (did not)	view the bady after death.		and all the agree
2	3A. SIGNATURE	151					B. DATE SIGNED
	200 BUYE 200	Parket	7 1	DEGREE PH	ys. Med. Director	Stoff Phys.	449 5/2,
1	NAME (Type)	7			23D. ADDRESS		0
	BURIAL CREMAT	AE S	AHI	V , M . 12 . DEGRE		11125 HOS	P.
1	REMOVAL (Speci	ION, 248. DATE	1-1	NAME OF CEMETERY OF CI	20	CATION (City/	town, or county) (State)
U. 5▲	DATE REC'D BY	HEALTH DEPT.	*	oudon Oterk	Cemetery 03	acto M	nd.
1			25B NAM	SZ, M.D.	25C. FUNERAL DIRECTOR	0 -	ADDRESS
S 1	50-REV. 1/1/6B	Crocket			karay-laras	rough tur	eral Itome



	Y HEALTH DEPARTMENT
R-236 71 7417 CERTIFICA	ATE OF DEATH REG. NO. 71
Type or Print) William Wilbur Richter	2. DATE AND HOUR OF DEATH  8-7-7/ 12:02A.N
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. 1803
	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
Lake Drive Nursing Home 2401 Entan Place	E. STREET AND NUMBER
Backimore, 4di	124 S. Cartons St
SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (tn years If Under 1 Yr., If Under 24 Hrs
M WIDOWED DIVORCED	127-1881 lost birthdoy 904/5 Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	
Laborer B+ORIR.	Baltimore, Ud. USA
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Richter	Mary Wikelton
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Self
18. 2 C AUSE OF DEAT	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT
LEADING TO DEATH	USE Congestive Heart Radice
	A CONSEQUENCEOF:
injury or complication which caused death.)	
ANTECEDENT CAUSES	FSCVD.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	Dishels Mellitis
	**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL  IDISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltimare City, give exact lacation)
OR CONTRIBUTING CAUSE OF hame, farm, factory, street, of DEATH (notify medical examiner)	affice bldg., INJURY OCCUR?
	21F. HOW DID INJURY OCCUR?
S OF INJURY	
(APPROX) Work At Work	
22. I certify that (# (this hospital) attended the deceased from	12-8-1960 to 8-7-1971
that (#) (we) lost saw the deceased alive an	19 and that in (my) (our) opinion death occurred on the do
ond haur and from the causes stated above. (1) (We) (did not)	view the body ofter deoth.
23A. SIGNATURE	23 B. DATE SIGNED
	tending Med. Staff
23C. PHYSICIANS NAME (Type)	23D. ADDRESS
ANGOL C. GONZALEZ	301 nc necitenst -
14A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	
REMOVAL (Specify) 8971 mb Cho	10.11 Blotimen ma
25A, DATE REC'D BY HEALTH DERL.   25B, NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
AUG 9 1971 Pase E Janson RA	alshing mumni
/S 150-REV. 1/1/68	2302 to host 1 12 -



Hell	BALTIMORE CIT	HEALTH DEPARTMENT		tex II	
BIRTH NO. 174 741Q	CERTIFICA	TE OF DEATH	REG. NO.	71 7418	
T. NAME OF DECEASED TYPE OF PRINTELANCHE ALLO	4000	2. DATE A	ND HOUR OF DEATH	1215	_
3. PLACE IN BALTIMORE, MARYLAND, WHERE !	RONOUNCED DEAD	A. STATE B. COU	ele deceased lived. If ins	titution: residence before odr	7. M missian)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATIONI	INSTITUTION, GIVE STREET	c. CITY OR TOWN	Anno	Arunde /	20
South Bal. G.	en Hosp.	E. STREET AND NUMBER	,	YES NO	
		508,W.	Dogwood	Rd.	
H W. WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  41-27-29	9. LAGE (In years lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours	24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KII done during more working life, even if refired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of for	eign country!	12. CITIZEN OF WHAT CO	UNTRY
an Kovan	Nome	Md		4.5	
13. FATHER'S NAME	700.70	14 MOTHER'S MAIDEN NA	ME	1 01·13.	
GEORGE Canapp  5. Wes Decembed Eyer In U. S. Armed Forces?	(Dec)	Mary E. Tracy	(Dec)		
Yes, no or unknown) (If yes, give wor or dotes of se	vice) 16. SOCIAL SECURITY NO. WA-456270	Mr. William P.	Coleman 508	8 W. Dogwood Re	oa d
18. 7 6 0 9 1	CAUSE OF DEAT	H 1/3	criticis	Linthicum Hots	21
DISEASE OF CONDITION DIRECTLY	Cor	etero vescula	Reeid	SETWEEN ONSET AND	
(This does not mean the made of dving.	(A) IMMEDIATE CAL	JSE	w		- rimm anda
heart failure, asthenia, etc. It means the di- injury or complication which coused death.)	.9209	A CONSEQUENCE OF:			
ANTECEDENT CAUSES		1. 4.	11.	00	
	(B) HY/C	iosclewkie A CONSEQUENCE OF:	Vascedu	1251	
DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stating			llitus		
UNDERLYING CONDITION lost	(c) // RB	octa me	cerpus		******
OTHER SIGNIFICANT CONDITIONS CONTRIBU' TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (a).	IING Histu	of myse	andil isc	heme	
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20% AUTOPSYT Wes or No	208 IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?	
U 21A ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g.,	n or obout 21C. WHERE OID	(If in Baltimore	City, give exact location)	
OR CONTRIBUTING CAUSE OF OEATH (notify medical examiner)	home, form, foctory, street, of	lice bidg, INJURY OCCUR?			
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	Hay Occurs		
(APPROX)	While At Not While Work At Work				
100		d		1	
22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased alive			19 <u>7/</u> 10	Ian death occurred an th	4
and hour and from the causes stated abo		//	in (my) (out) opini	an acom occurred on in	e date
23A. SIGNATURE	ve. (i) (ne) (did) (did nat) v	iew the body after death.		23B. DATE SIGNED	
2/2		nding Med.	Staff CTV	A L	7/
23C. PHYSICIAN'S	DEGREE Phys	Director L	Phys. L	Aug-5-1	
NAME (Type)	O PANG	300/5	Hanon SI	4 Pal. Ma	1.
4A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY of CRE	MATORY 24D. L	OCATION (City	, town, or county) (S	tate)
and the state of t	Loudon Park Cemet	erv Ra	ltimore, Mar	v1and	
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
AUG 9 1971 (16 Bent E. Jan	Sey (F. Ch.			ilkens Ave. 21	229
/\$ 150-REV- 1/1/68			7		



IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

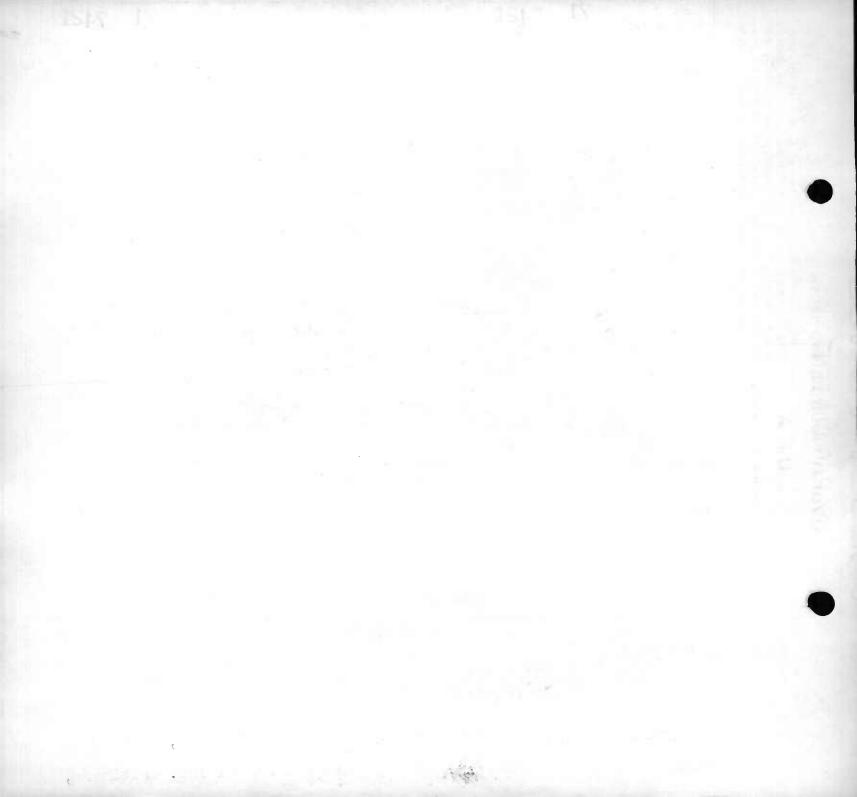
D. INSIDE CITY LIMITS? YES 4 NO If Under 1 Yr. If Uni If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (if in Boltimare City, give exact location) ond that In (my) (our) opinion death occurred on the 23 B. DATE SIGNED (City, town, or county) (State) fimons ADDRESS

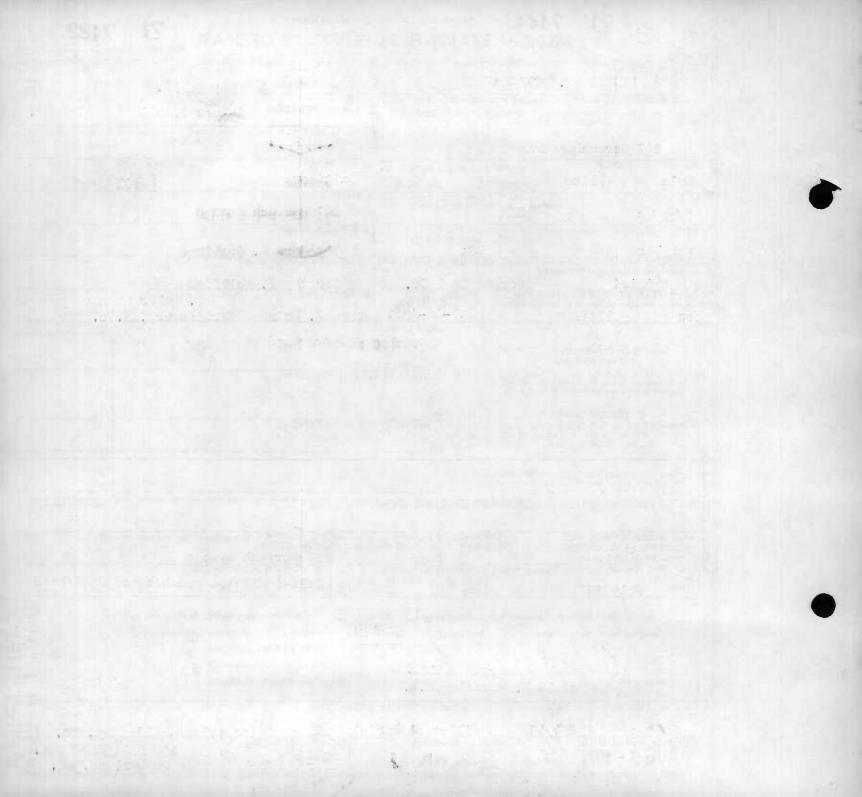


G-325 71 7420 CERTIFICATE OF DEATH	REG. NO. 73 7490
BIRTH NO.  1. NAME OF DECEASED  2. DATE AND Type of Print  2. DATE AND	HOUR OF DEATH Y 31 1971   11:30 P M.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD   4. USUAL RESIDENCE (Where	deceased lived. If institution residence before admission
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION  C. CITY OR TOWN	ARUNDEL COUNTY  [D. INSIDE CITY LIMITS?
ST. AGNES HOSPITAL  WILKENS & CATON AVENUES BALTIMORE. MARYLAND 21229  RIVIERA BEACH  E. STREET AND NUMBER  P.O. BOX 307 I	YES NO X
	RIVIERA BEACH
MALE WHITE WIDOWED DIVORCED 02 12 06	AGE (In years of birthday)  (If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign foreign during most of working life, even if refired)	country) 12. CITIZEN OF WHAT COUNTRY
STATIONERY ENGINEER AMERICAN STORES MARYLAND	UNITED STATES
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
5. Wee Deceased Ever is U. S. Armed Forces? 16., no or unknown) of yes, give war or dates of services SECURITY NO.	ADDRESS
YES 218 10 402 ST, AGNES HOS	PITAL MEDICAL RECORDS
other significant condition for the terminal discount of the desirence of the desirence of the desirence of the desirence of the terminal discount of the desirence of the desir	200 Is we was subject to
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION NO NO	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
LOR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg, INJURY OCCURY	(If in Bollimore City, give exact location)
DEATH Inchify medical examines atc.)  21D.TIME IMonth) (Doy) (Year) [House 21E, INJURY OCCURRED 21F, HOW DID INJURY (APPROX.)  While At Not Work At Work	Y OCCUR?
22, 1 certify that (1) (this hospital) attended the deceased from	71 to IMI V 31 19 71
that (1) (we) last saw the deceased alive an 1111 \( \frac{31}{31} \) 19 71 and that	7
ond hour and from the causes stated above. (I) (We) (did) (did) rot) view the bady after death.	23 & DATE SIGNED
Attending Med. Sh. Phys. Director Ph	AUGUST 1, 197
23C. PHYSICIAN'S NAME (Type)	
SERGIO SAN PEDRO, M.D. ST AGNES HOSP	ITAL WILKENS & CATON AVE
SERGIO SAN PEDRO, M.D., DEGREE ST AGNES HOSP  24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D. LOC  REMOVAL (Specify) 24B. DATE 24C. NAME OF CREMATORY 24D. LOC	ATION (City, town, or county) (Stote)
SERGIO SAN PEDRO, M.D., DEGREE ST AGNES HOSP  24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D. LOC  REMOVAL (Specify) 24B. DATE 24C. NAME OF CREMATORY 24D. LOC	

rear in the state application , 

S. FRACE OF DEATH IN BATMORE MARTIADO  FULL NAME OF (In ord in hospical or institution, give sheet of MOSTIALO OF CONTRIBUTING of the most position of institution, give sheet of MOSTIALO OF CONTRIBUTING OF		AME OF DECE			6:1	2.	DATE AND HOUR O	-	11023
TULL NAME OF MOSTIAL OR WIT oddies or location in stitution, give sheet address or location in stitution in stitution, give sheet address or location in stitution in stitution, give sheet address or location in stitution in stitution in stitution, give sheet address of location in stitution in stitution in stitution in stitution, give sheet address of location in stitution in stitution, give sheet address of location in stitution in stitution, give sheet address of location in stitution in stitution, give sheet address of location in stitution in stitution, give sheet address of location in stitution in stitution give in sheet address of location in stitution give location in stitution in stitution in stitution give location in stitution, give sheet address of location in stitution give location in stitution give location in stitution give location in stitution give location in stitution give location in stitution give location in stitution give location in stitution give location in stitution give location in stitution give location in stitution give location in stitution give location in stitution give location in stitution give location in stitution give location in sti	2 6			PYLAND	PINK	MA LISUAL DESIDEN	August &		on tesidence before odm
MONTHLOR MATTER ACCEPTION AND CONTRIBUTING THE SIGNIFICANT CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTIN	3. r	TACE OF DEAT	H IN BALIMORE, MA	KILAND				iived. If instituti	on: residence before dam
MAY DETAILS OF PEATING   10   10   10   10   10   10   10   1			(If not in hospital	or institution, g	rive street	Marylar	nd		OK V
MANY GRADEN ASSETTING CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, a.g., inquiry or complication which caused death.)  ANTECEDNIT CONDITION CONTRIBUTING  DISEASE OR CONDITION S, if any, giving rise to the observe cause (a) saling in the observe cause (a) saling (a) salin			oddress or locohor	n)		C. CITY OR TOWN	(If outside city lim	nits, write RURA	L ond give township)
MARKED IN CONDITION DIRECTLY LEADING TO OPERATION  AND CONTRIBUTING  CONTRIBUTING CONDITION CONTRIBUTING  DISEASE OR CONDITION S, if any, giving rise to be observed course (a) sheling in the course death.  ANTECEDITIC CAUSES  DISEASE OR CONDITION S, if any, giving rise to be observed course (a) sheling in the course death.  ANTECEDITIC CAUSES  DISEASE OR CONDITION S, if any, giving rise to be observed course (a) sheling in the UNDERLYING CONDITION CONTRIBUTING ON THE REATE DISEASE OR CONDITION CONTRIBUTING ON THE REATE DISEASE OR CONDITION CONTRIBUTING ON THE REATE DISEASE OR CONDITION CONTRIBUTING ON THE REATE DISEASE OR CONDITION CONTRIBUTING ON THE REATE DISEASE OR CONDITION CONTRIBUTING ON THE REATE DISEASE OR CONDITION CONTRIBUTING ON THE REATE DISEASE OR CONDITION CONTRIBUTING ON THE REATE DISEASE OR CONDITION COURSE DISEASE OR CONDITION CONTRIBUTING ON THE REATE DISEASE OR CONDITION CONTRIBUTING ON THE REATE DISEASE OR CONDITION COURSE DISEASE D	Eng.	181	. 0	1 ./	. / /	Baltimo	re		
5. SER   S. RACE   MARRIED NEVER MARRIED   S. OPTE OF PIRTN   S. ADE SID   S. ADE S	1	Unvilla	M (oenei	al 140	soital	D. SIKEEL ADDRES	A / ha	2 1	
MARC WALL OLD AND AND AND AND AND AND AND AND AND AN			**		/	12301	PEINAN		
AMAY COUNTRY   WHICH OFFERIOR   CAUSE OF DEATH   CAUSES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION CONTRIBUTING CONDITIONS CONTRIBUTING CONDITION CONTRIBUTING CONT	5. S	14. /	O. RACE			8. DATE OF BIRTH	9. AGE (In lost birthdoy)	yeors III	Under 1 Yr. If Under 2 nths Doys Hours /
AMAY COUNTRY   WHICH OFFERIOR   CAUSE OF DEATH   CAUSES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION CONTRIBUTING CONDITIONS CONTRIBUTING CONDITION CONTRIBUTING CONT	1	naic	white			Ally, MI	//		1/3
13. FATHER'S NAME				10B, KIND OF	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Sto	ole or foreign country)	12.	CITIZEN OF WHAT COUNTRY?
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS   18.   19.   19.   10.   19.   19.   10.   19.   10.   19.   10.   19.   10.   19.   10.   19.   10.   19.   10.   19.   10.   19.   10.   19.   10.   19.   10.   19.   10.   19.   10.   19		73 T				mary.	Igna		USA
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Testing or unknown     1 yes, give wor of doles of service    None	15. 1	Was Deceased E	ver in U. S. Armed For	COS?	1 6. SOCIAL	17. INFORMANT	111116	Scalf	ADDRESS
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Burial 8/7//1 Holy Redeemer Baltimore, Maryland	MEDICAL CERTIFICATI	DISEASES OR RISE TO THE UNDERLYING  OTHER SIGNIFITO THE DE. DISEASE OR C.  19.A. DATE OF C.  21.A. ACCIDENT OR CONTRIBUT DEATH (notify r.  21.D. TIME OF INJURY (APPROX.)  22. I certify thot (1) (we) I ond hour ond 23.A. SIGNATUR  23.C. PHYSICIAN NAME (Typ.  BURIAL CREM REMOVAL (Sp.	CONDITIONS, if obove couse (A) CONDITION lost.  II CANT CONDITIONS CATH BUT NOT RELA ONDITION CAUSING DEPERATION 198 CONWAS PER (Month) (Doy) (Year)  Month) (Doy) (Year)  Month) (Doy) (Year)  Month) (Doy) (Year)  Month) (Doy) (Year)	any, giving sloting the CONTRIBUTING ATED TO THE IT.  [DITION FOR V FORMED  [Hour) 21E. Whi Wor I) ottended the dolive on	VHICH OPERATION  PLACE OF INJURY (e., form, foctory, street  INJURY OCCURRED  ILE A1 Not V  A1 W  The deceosed from	Z ALLAN TOLC  NETUTE (***)  20A. AUTOPSY? ( 20A. AUTOPSY? ( 20A. INJURY O  21F. HOW  While   21F. HOW  The body ofte  Attending   Med. Phys.   ADDRESS  D.   CREMATORY	Yes or No) 208. IF YI IN CERTIL CCUR?  DID INJURY OCCU  19 to ond that in (my) or death.	ASD  ES, WERE FINDI FYING CAUSES in Boltimore City  R?  (our) opinion  23 B,	of DEATH? 4 ES, , give exact locotion)  19





VS 151-REV. 3/1/68

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IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

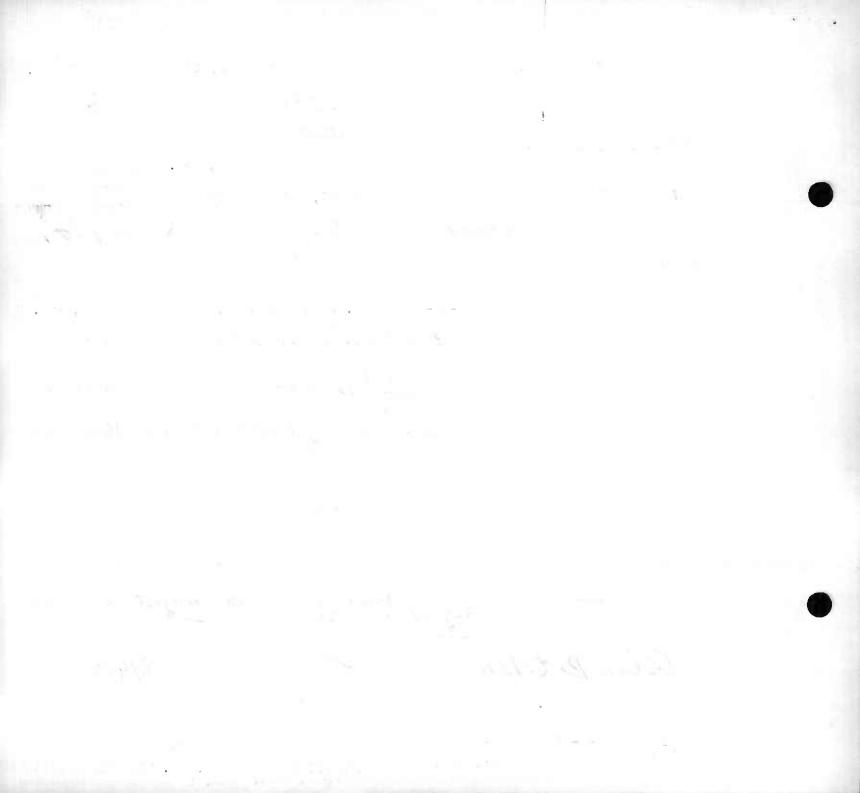
: 10 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES 7 NO If Under 24 Hrs. Hours : Min. If Under 1 Yi. Hours 12. CITIZEN OF WHAT COUNTRY? LICA HANNAH LEAH ADDRESS LEVEL RD.#8 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACCIORNI 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimare City, give exact location) and that In(my) (aur) apinion death accurred on the date 23 B. DATE SIGNED 8-5-71 ACTIMORIZ (City, town, or county) BALTIMORE, MARYLAND ADDRESS SOL LEMINSON & BROS.,6010 REISTERSTOWN ROAD

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	TH NO.	1 7426	CERTIFICA	TE OF DEATH	REG. NO.	14. /4.0
	AME OF DECEASED	TV		1	ND HOUR OF DEATH	
3. 1	PLACE IN BALTIMORE, N	APPLAND WHERE B	PONOUNCED DEAD	Aug	ust 3, 1971	7 P. M.
				A. STATE B. COU	NTY	astrollon: lesidence belore damission)
HC	SPITAL OR ADD	OT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	MARY LAND	1	\$130
1145	STITUTION			BALTIMORE	D. INS	YES NO
D	BELVEDERE NUE	RSING HOME		E. STREET AND NUMBER		11.0
				3323 CLARKS	LANE, APT.	E
5. \$	EX 6. RACE	7- MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	il Under 1 Ys. If Under 24 Hrs. Months: Doys Hours Min.
	MALE WHI		WED DIVORCED	JUNE 12, 1891	80	
dane	. USUAL OCCUPATION (Go during most of working life,	iive kind of work 10B, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lor	eign country)	12. CITIZEN OF WHAT COUNTRY?
	MUSICIAN	V	IOLINIST	RUSSIA		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	JA JUDD TUR	K		GOLDIE MA	\TORIN	
15. V (Y os.	Was Deceased Ever in U., no or unknown) (II yes, giv	S. Armed Forces?	vice) SECURITY NO.	17. INFORMANT		ADDRESS
١.	10			MRS. CHARLOTTE	TURK 3323 (	CLARKS LANE, APT. E
	18. / 2 = /	I	CAUSE OF DEATH	d Christian	TOTAL, 5525	APPROXIMATE INTERVAL
Н		NDITION DIRECTLY	Park all	la ne la maran l	entreus	BETWEEN ONSET AND DEATH
	This does not mean I	TO DEATH	(A) IMMEDIATE CAU	SE		3Nis.
	heart failure, asthenia, injury or complication v	elc. Il meons the dis	eose, ABC Cerebr	CONSEQUENCE OF:		1
		NT CAUSES	- Callette	Chambour		6 month.
	DISEASES OR COND		iving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above UNDERLYING CONDIT	cause (A) stating	the (c) Severe		therocler	6 month.
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	OTHER SIGNIFICANT CONTO THE DEATH BUT NOT					
CA	DISEASE OR CONDITION	GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	all 20R IS VES WERE	FINDINGS CONSIDERED
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ü	21A. ACCIDENT WAS U	NDERLYING	218 PLACE OF INJURY (e.g., in	of obout 21 C. WHERE DID	(If In Boltimer	e Cily, give exoct location)
S	DEATH (notify medical ex	omlned	home, form, lactory, street, of	ice blog., INJURY OCCUR!		
ā	21 D. TIME (Menth) OF INJURY	(Day) (Year) (Hous)	21 E INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
2	(APPROX.)		While Al D Not While At Work			
	22. I certify that (i) (s	his hospital) attend		en e I	1970 to Au	2 1971
	that (1) (we) Tost sow		A			nlon death occurred on the date
			ve. (i) (We) (did) (did not) vi			
	23A. SIGNATURE	0	/	/		23B, DATE SIGNED
	(Alas.	Btol		Med. Director	Staff Phys.	8/4/7/
	23C. PHYSICIAN'S NAME (Typel		DEGREE	3D. ADDRESS	,	10/1/
	Training trypol	ALAN B. CO	HEN	1 STRATFORD	ROAD	
24A	BURIAL CREMATION, REMOVAL (Specily)		4C. NAME OF CEMETERY OF CRE			ty, town, or county) (State)
		8-6-71	BALTIMORE HEBREW	REI	STERSTOWN, I	MARYLAND
	DATE REC'D BY HEALT	H-DEPT 25BINA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
F	1069 19/1	May E. Van	9 9	SOL KNINKLEV	INSON & BROS	.6010 REISTERSTOWN R
VS 1	50-REV. 1/1/6B					



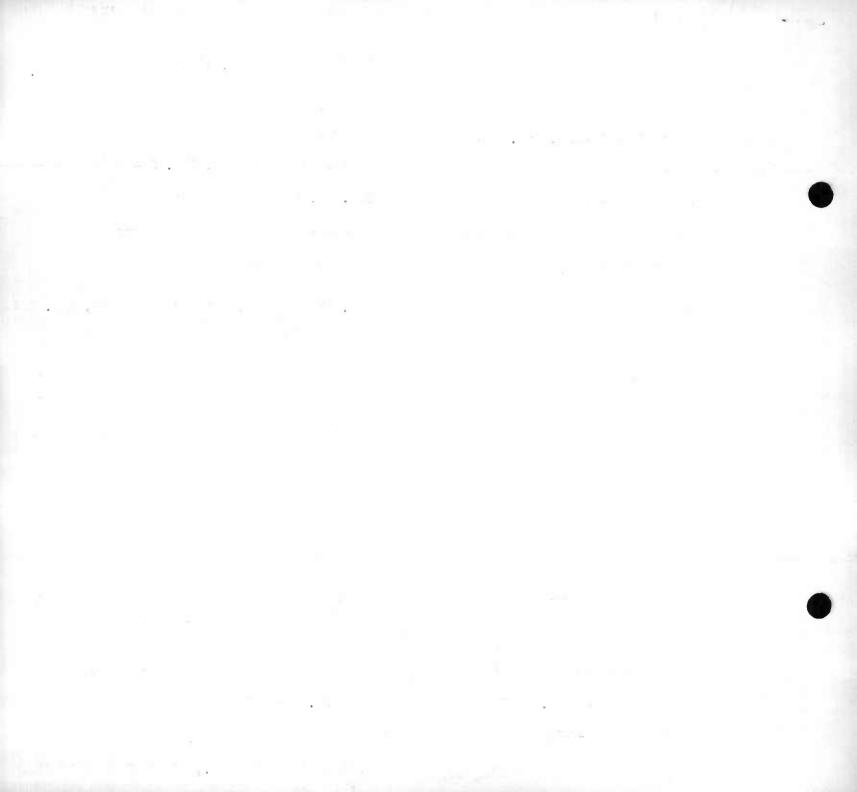
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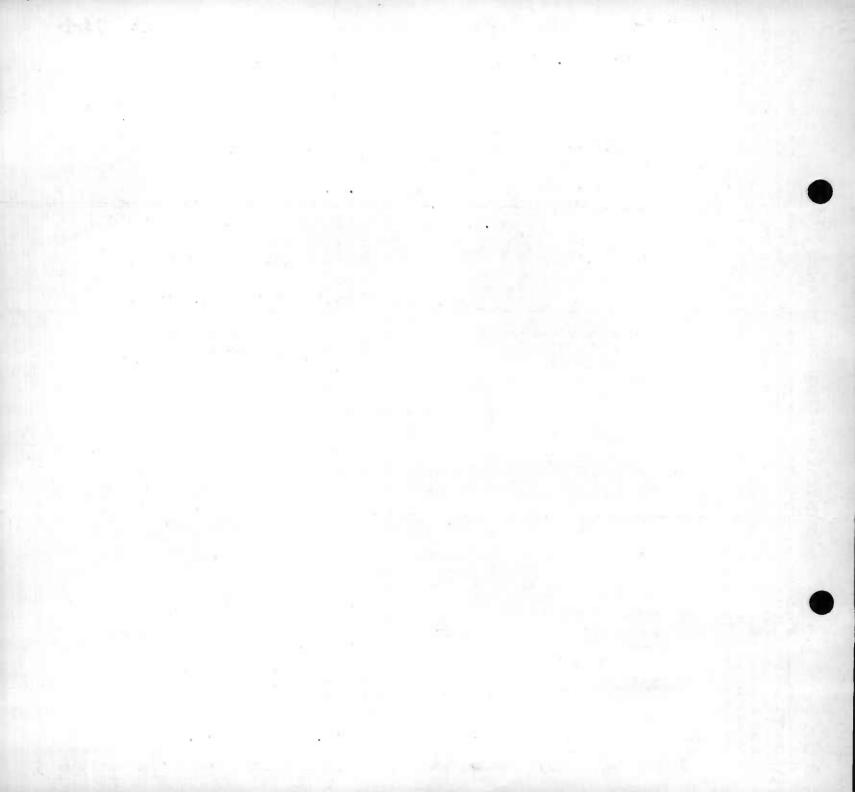
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spital



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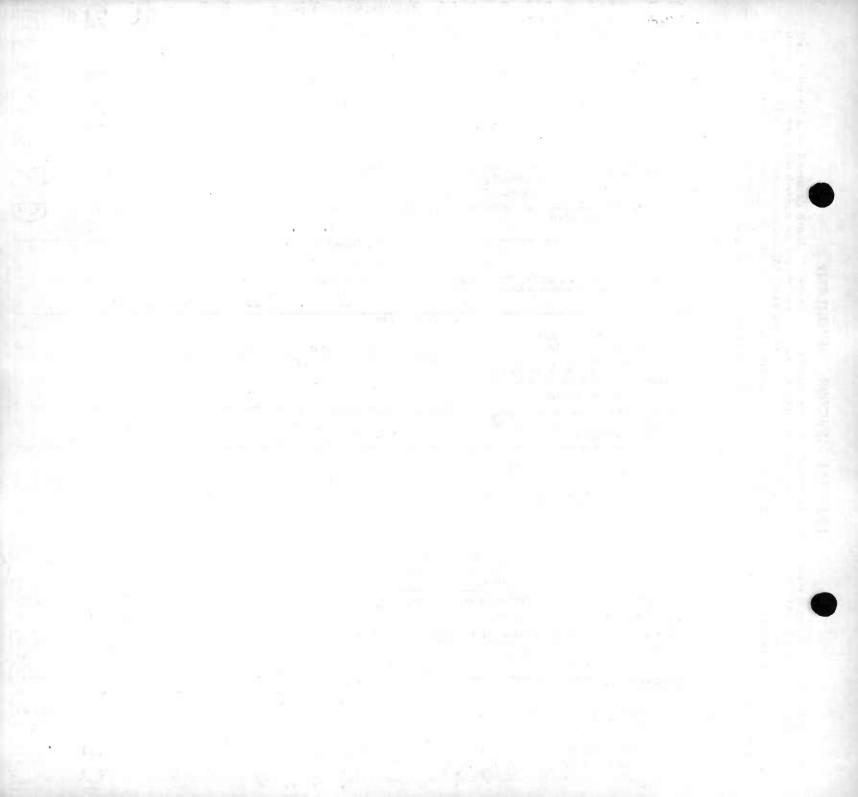
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f any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the 1); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	
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shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.	2
	L

D note me	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO.  1. NAME OF DECEASED	CERTIFICATE OF DEATH
(Type or Print)	2. DATE AND HOUR OF DEATH
KISher.	John C. Jr 8/5/11 116 N
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, III institution: residence below admission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OF LOCATION	L OR INSTITUTION, GIVE STREET Md. U.S.A. 250
HOSPITAL OR ADDRESS OR LOCATI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
+3	Baltimore YES NO
P 41 12 0+	E. STREET AND NUMBER
Jonth Baltimore	- Olever Hosp 3610 et Margret et
S. SEX 6. RACE W 7.	MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (I) years If Under 1 Yr. , If Under 24 Hrs.
M E	WIDOWED DIVORCED 7-31-05 lost birthdox 5 Manths Days Haurs Min.
OA. USUAL OCCUPATION (Gvo kind of work 10	DR. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTR
done during most of working life, even if refired)	
3. FATHER'S NAME	Baltimore American
	14. MOTHER'S MAIDEN NAME
Charles Risi	hel (Dec.) Hittle? 4 azmes.
5. Was Deceased Ever in U. S. Armed Forces (es, no or unknown) (it yes, give war or dotes t	6? 16. SOCIAL 17. INFORMANT ADDRESS
Josephine Hell of Boles (	
18.	CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH
1621	BETWEEN CAISET AND DEATH
DISEASE OF CONDITION DIRECT	
(This does not mean the mode of do	ying e.g., (a) IMMEDIATE CAUSE CANCINGMON of Lung 2 month
heart failure, asthenia, etc. It means the injury or camplication which caused de	ne disease.
	roms Emericans
ANTECEDENT CAUSES	(8)
DISEASES OR CONDITIONS, if any rise to the above cause (A) si	y, giving DUE TO, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION last.	(c)
11	
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 194. DATE OF OPERATION 198. CONDIT WAS PERFOR	RIBUTING
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART I	(A).
19A. DATE OF OPERATION 19B. CONDIT	TION FOR WHICH OPERATION 20A. AUTOPSYS (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED
WAS PERIOR	IN CERTIFYING CAUSES OF DEATH?
On Costrainumite File	218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
DEATH (nofily medical examiner)	elc.)
21D. TIME (Month) (Doy) (Year)	Hour 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR?
21D.TIME (Month) (Doy) (Year) (	While At C Not While C
(APPROX.)	Work At Work
22. I certify that (1) (this hospital) a	oftended the deceased from July 20 19 17 to Aug 5 19 17
that (1) (we) lost sow the deceased of	2 0.
	obove. (1) (We) (did) (did not) view the bady ofter death.
23A. SIGNATURE	23B, DATE SIGNED
1 Chans	
23C. PHYSICIAN'S	Director Phys. Director Phys. Aug. 5. 197
NAME (Type)	23D. ADDRESS
CHUNG	JA CHUNGE South Baltimore General Hosp
4A. BURIAL CREMATION, 24B. DATE BEMOVAL (Specify)	24C. NAME of CEMETERY of CREMATORY 24D. LOCATION, (City, town, or county) (State)
18 1 6 9.21	
	B. NAME OF REGISTRAR DESC. FUNERAL DIRECTOR ADDRESS 334
0110	Rober MA DEC SULLY Fineral Rome Patanson
LOCAL MOSCIE	· Name Total A PONCE PATANSCON
\$ 150-REV. 1/1/68	



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

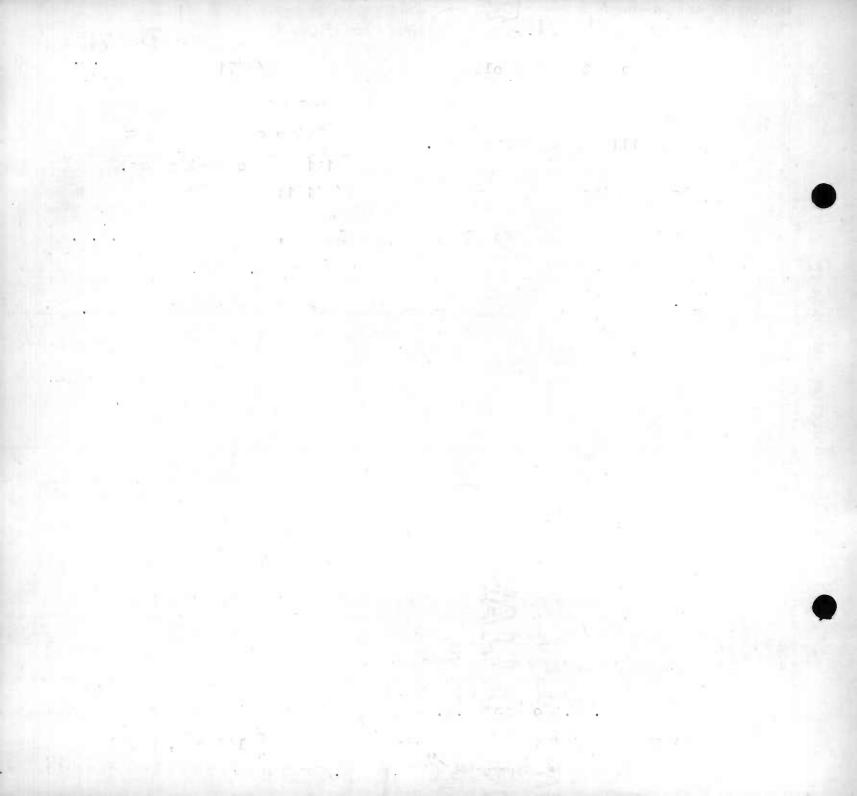
メ		DALIMONE CITT	HEALTH DEPARTMENT	Late.	TT14 PT A 121 1
BIR	71 7430	CERTIFICA	TE OF DEATH	REG. NO.	71 7430
	IAME OF DECEASED	1 1	2. DATE AND	HOUR OF DEATH	4 444
(Тур	pe or Print) KENRUS FILL	yourd don	W DUG.	4 . 31 3	40, BU.
3. 1	PLACE IN BALTIMORE MARYLAND, WHERE PR	ONOUNCED DEAD			itution; residence before admission)
			A. STATE B. COUNT	A A	111
FU	LL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	Many and 1	LW 1991.	5·Wd. => = 0 =
IN	STITUTION	Δ ()	C'CITY OR TOWN LANGE	D. INSID	E CITY LIMITS?
10	outh BANTHUER G	Rueral	BOSHTIMORIE	E .)	YES NO
0			E. STREET AND NUMBER		1. 11. 11 RE
	Aostral.		622 FRAUX	LIN AUE.	LINThecum lityts
5. 5	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	Months Days Hours Min.
	M WIDO	WED DIVORCED	12-3-05	66	
10A	USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
don	during most of working life, even if retired)		Balto. Md.		USA
	Jawa		Datio. Ma.		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
13	Educards hearns.		Copplin	Rooney	
16.1	C. C. C. C. C. C. C. C. C. C. C. C. C. C	N4 comat	17. INFORMANT	Leco in	ADDRESS
(Yes	Was Deceased Ever in U. S. Armed Ferces? s,no or unknown) Uf yes, give war or dotes of serv	ice) 6. SOCIAL SECURITY NO.		,	***************************************
	WW 2	216 03 1554	Edith K. Kears	us 622 Frank	lin Ave
	18. // 3 / 01	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
	7.0010			/	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Country - Haris	IVANT DOD	
	(This does not mean the mode of dying.	(A) MMEDIATE CAL		nor acc	
	heart failure, asthenia, etc. It means the disc	edse,	A CONSEQUENCE OF:		
	Injury or complication which coused death.)	<u> </u>	al-all ates	:00	
	ANTECEDENT CAUSES	- Olle	an well assert	CON VOIDAR	1
		(B)			-/
	I DISEASES OR CONDITIONS, If any, of	iving DUE TO, OR AS	A CONSEQUENCE OF:		
	DISEASES OR CONDITIONS, If any, gi		A CONSEQUENCE OF:	14	
			A CONSEQUENCE OF:	ks:	
	rise to the above cause (A) stating UNDERLYING CONDITION last.		ldiel menotic	b.	
NC	ise to the above cause (A) stating UNDERLYING CONDITION last.	(c) 144004	ldiel interests	165	
NOU	rise to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM!	the (c) Luyou	ldiel intereste	113.	
F	ise to the above cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM! DISEASE OR CONDITION GIVEN IN PART 1, (A).	ing	ldiel infortic	20B. IF YES, WERE FI	NDINGS CONSIDERED
F	rise to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM!	ing	A CONSEQUENCE OF:    due   wforotto	20B. IF TES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
RTIFICATI	nise to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	ING NAL PERATION	20A AUTOPSYZ (Yes or No)		
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CERTIFICATI	nise to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	ING NAL FOR WHICH OPERATION	20A AUTOPSY? (Yes or No)		
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1,1 01	1		BALTIMORE CIT	Y HEALTH DEPARTMENT		
W-06 BIRTH NO.	0 71	7431	CERTIFICA	TE OF DEATH	REG. NO.	7431
1. NAME OF DE	CEASED			2. DATE	AND HOUR OF DEATH	
(vype of finn)	Weger, (	George A.			August 3. 1	971 1 9:15
3. PLACE IN BA	LTIMORE MARYLAND		UNCED DEAD	4. USUAL RESIDENCE (V	Where deceased lived. If in	stitution: residence before admiss
FULL NAME OF	(IF NOT IN HOS	TITZUI SO LATIS	IIION GIVE STREET	Wa		2631
HOSPITAL OR	ADDRESS OR LO	OCATION)	UTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
				Baltimon		YES NO X
37	Mercy Hospit	tal		E. STREET AND NUMBER	R	
				4513 Kenwa	ood Ave	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	if Under 1 Yr. If Under 24 Months: Doys Hours Min
M	W	WIDOWED	DIVORCED T	11-30-94	lost birthdoy)	Months Doys Hours Min
IOA. USUAL OCC	UPATION (Give kind of v	work 108, KINO OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	loreign country)	12. CITIZEN OF WHAT COUN
	working life, even if retire					
Printer 3. FATHER'S NA		Arthur	Thomson & Co.	Maryland 14. MOTHER'S MAIDEN	IAME.	U.S.A.
	y Weger					
				Mary Loeff	ler	
Yes, no or unknown	Ever in U. S. Armed	forces? lotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS 2120
Yes	WW I		216-07-8416	Mrs. Myrle W.	Coffay 1513	Kenwood Ave. Bal
18. / / /	7 / 1		CAUSE OF DEAT	1		APPROXIMATE INTERV
DISEASES (	ANTECEDENT CAUS OR CONDITIONS, is of above cause (A G CONDITION lost	if cay, civing	(b) DUE TO, OR AS	Chi Si Million A CONSEQUENCE OF:	men Sh	ing
TO THE DEAT	FICANT CONDITIONS OF THE BUT NOT RELATED TO CONDITION GIVEN IN F	O THE TERMINAL	10000000000000000000000000000000000000			***************************************
19A-DATE OF	OPERATION 198 C	ONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE I	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF medical examined	21 B. hom etc.)	e, larm, foctory, street, o	n or about 21 C. WHERE OLD	(If In Boltimore	e City, give exoct location)
DEATH (nosily	(Month) (Doy) (Yes		INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
(APPROXI		Wor	le At Not While	° □		
22. I certify	that (1) (this hospi	tol) attended th	ne deceased from Z	-/6-7/	_19 // to_ 9-	3-7/ 19
	lost sow the decea			19 <u>7</u> /and	that In (my) (our) col	nion death occurred on the
				lew the body ofter deot		errin eesenee on the t
23A. SIGNATU		0 0	/ (a) (aia) (aia iiai) (	Ton the body offer deor	110	23B. DATE SIGNED
15/00	M. MAA	0 1010	2 Athe	ending Med.	Stoff 7	
23C. PHYSICIA	INS	W/W.	DEGREE Phy	s. Director L	Stoff Phys.	
NAME IT		01/11/	C+.	~~~~		
1-14/4	WALIV	11171	DEGREE			
AA. BURIAL CRE	Specify) 248. DATE	24C. NA	ME of CEMETERY of CR	EMATORY 24D	LOCATION (Cit	y, lown, or county) (State
Burial	8-7-	71 Par	kwood Cemeter	v p	arkville	Balto. Md.
SA. DATE REC'D		258. NAME O	F REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS 212
AUG 9	19/1 Vale	E. Vale	ly M.B. O D	Lassahn Thin	eral Home 710	l Belair Rd. Bal
E 160 DEV 1/1/	4.0				140	TORRES ING DUL

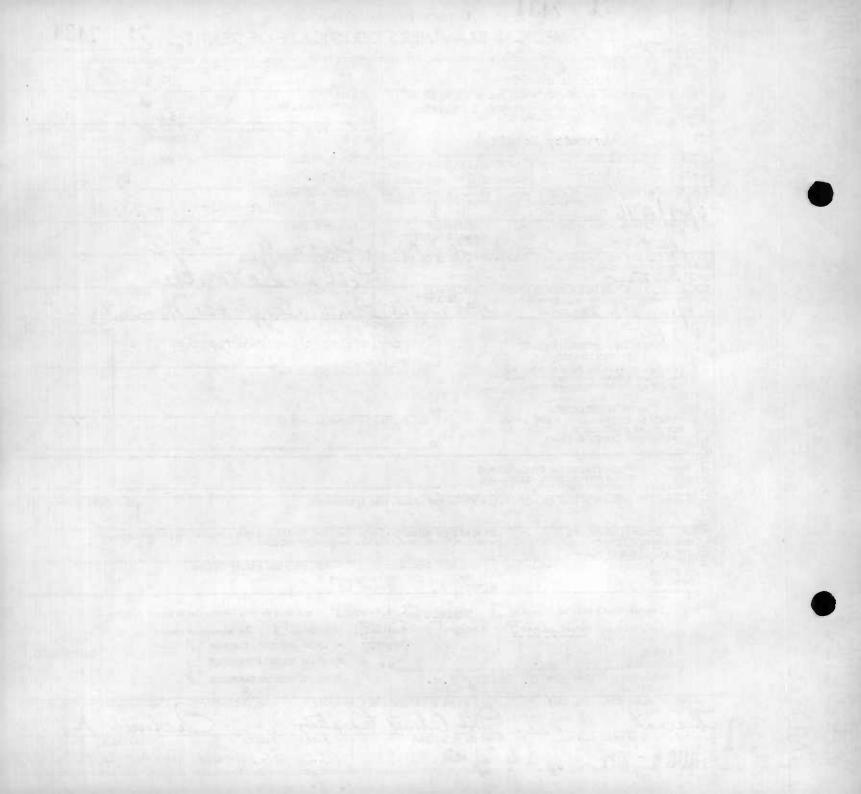


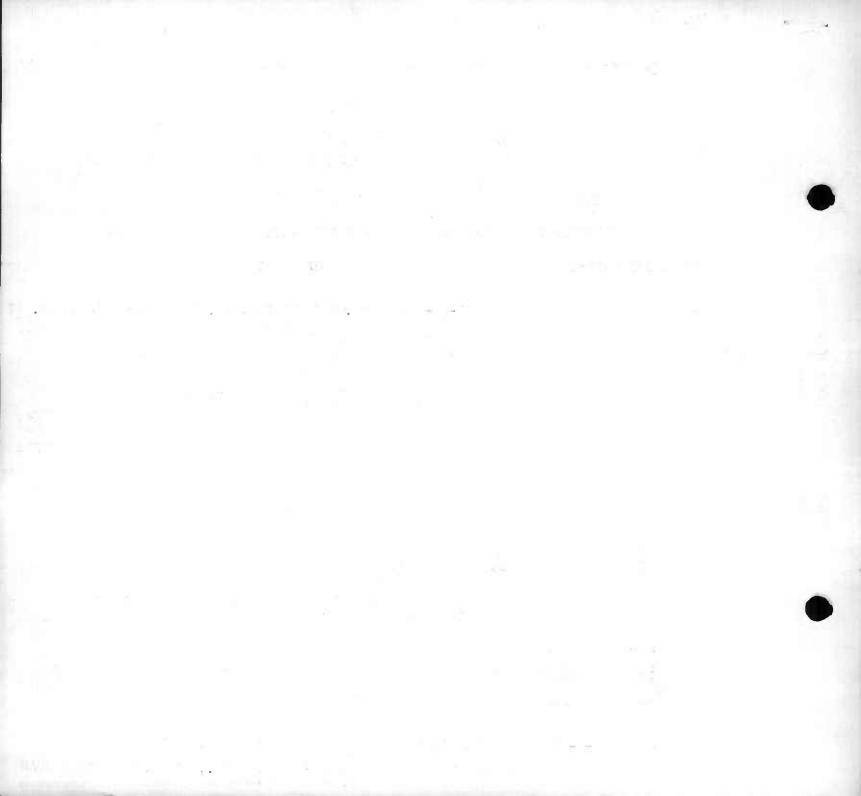
	11/11/11/2 12/10/		TY HEALTH DEPARTMENT		
DIR	71 743	CERTIFICA	ATE OF DEATH	REG. NO	71 7/32
	Pe or Print)  Robert Sha	dbolt	8/4	HOUR OF DEATH	A.M.
FUI	PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD  OR INSTITUTION, GIVE STREET	Maryland	deceosed lived, If	institution: residence before of
INS	OSPITAL OR ADDRESS OR LOCATION STITUTION 4111 Massachu		C. CITY OR TOWN  Baltimore E. STREET AND NUMBER	D. IN	YES NO
9			4111 Massa		Ave.
	Tale White w	MARRIED NEVER MARRIED DIVORCED	1/6/1911	ast birthdoy	Months Doys Hours
	USUAL OCCUPATION (Give kind of work 10B, to during most of working life, even if retired)				US A
13. [	Bellman FATHER'S NAME	Hotel	Glasgow Sc		
{Yes	Ernest Shadbolt  Wos Deceased Ever in U. S. Armed Forces? Sino or unknown! (If yes, give wor or dotes of No.	service) 1 6. SOCIAL SECURITY NO.	Margaret S. 17. INFORMANT Loretta	Davis	ADDRESS
	LEADING TO DEATH (This does not mean the made of dy) heart failure, asthenia, etc. It means the	disease,	AUSE S A CONSEQUENCE OF:		241 m
ATIC	injury of complication which caused dea  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stort UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO THE TEDISEASE OR CONDITION GIVEN IN PART I	giving (B)	AS A CONSEQUENCE OF:		5 702
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CERTIFICATI	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) storunderlying condition last.  II  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO THE TED LISEASE OR CONDITION GIVEN IN PART 1 (1) 19 A. DATE OF OPERATION [198. CONDITION]	giving (8)  giving (B)  (C)  (BUTING  RMINAL  A)  ON FOR WHICH OPERATION  MED		IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIFICATI	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise In the abave cause (A) slot UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1. (1994. DATE OF OPERATION 1998. CONDITION CONDITIONS CONTRIBUTIONS TO CAUSE OF	giving (B) DUE TO, OR A fing the (C)	20 A. AUTOPSY? (Yes or No) , in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJU	IN CERTIFYING C	AUSES OF DEATH?
MEDICAL CERTIFICATI	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise Ia the abave cause (A) sto UNDERLYING CONDITION last.    OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO THE TEDISEASE OR CONDITION GIVEN IN PART 1 (19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (HOPPROX.)  22. I certify that (I) (this hospital) at that (I) (we) last saw the deceased a ond haur and fram the causes stated (23A, SIGNATURE	giving (8)  giving (B)  DUE TO, OR A  (C)  BUTING  RMINAL  A).  ON FOR WHICH OPERATION  MED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  While At At Work  At Work  tended the deceased fram  live an	20 A. AUTOPSY? (Yes or No)  , in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY and the view the bady after death.	IN CERTIFYING C	ore City, give exoct location)  19  19  19  19  19  19  19  19
MEDICAL CERTIFICATI	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise Ia the above cause (A) stored the stored of	giving (8)  giving (B)  DUE TO, OR A  (C)  BUTING  RMINAL  A).  ON FOR WHICH OPERATION  MED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  While At At Work  At Work  tended the deceased fram  live an	20A. AUTOPSY? (Yes or No.)  in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 and the view the bady after death. In thending Amed. Director 23D. ADDRESS	IN CERTIFYING C  (If in Baltim  JRY OCCUR?  9 61 ta	ore City, give exoct location)  Affiliation  pinlan death occurred on the Middle Rall Lakari
MEDICAL CERTIFICATI	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise Ia the abave cause (A) sto UNDERLYING CONDITION last.    OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO THE TEDISEASE OR CONDITION GIVEN IN PART 1 (19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (HOPPROX.)  22. I certify that (I) (this hospital) at that (I) (we) last saw the deceased a ond haur and fram the causes stated (23A, SIGNATURE	giving (8)  giving (B)  DUE TO, OR A  (C)  BUTING  RMINAL  A).  ON FOR WHICH OPERATION  MED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  While At At Work  At Work  tended the deceased fram  live an	20A. AUTOPSY? (Yes or No)  , in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 and the view the bady after death.	IN CERTIFYING C  (If in Baltim  URY OCCUR?  9 6 1 10 00 00 00 00 00 00 00 00 00 00 00 0	AUSES OF DEATH?  ore City, give exoct location  Affiliation death occurred  Michigael Life  Michigael Life



	/			RAITIMORE CITY	HEALTH DEPARTMENT	1	ma is		
1	1-52	71 .	7400			REG. NO.	7433		
	TH NO.	-	7433	CERTIFICA	TE OF DEATH				
	AME OF DECE	ASED			2. DATE A	NO HOUR OF DEATH			
	+1	MUCOCK	19	NN	81	4/7/	11 P M.		
3. 1	LACE IN BALT	IMORE, MARYLAND, W	HERE PROI	NOUNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE 8. COU	ere deceased lived. If in	astitution: residence before admission)		
FU	LL NAME OF	OF NOT IN HOSPITA	AL OR INS	TITUTION, GIVE STREET	Maryland	Worches	ster 7300		
HO	SPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?		
	3 7				Snow Hill		YES 🔀 NO 🗌		
T	he Tohr	ns Hopkins	Hoen	i tal	E. STREET AND NUMBER				
_	ne bom	is nopatiis	Trosp		110 Irons	ide Street			
5. S		6. RACE	7. MARRII	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.		
F	emale	Cau.	WIDOW	ED DIVORCED	10/15/18	52			
			108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?		
done		rorking life, even il retired)	E/.	+ 11	7 1	,	1101		
13.	LIBRATHER'S NAM	-/ 3h	Elem	entry School	14. MOTHER'S MAIDEN NA	hla	USA		
		vid Coulæte			Martha Po	meroy			
15. \ (Yes	Nas Decaosed ,no or unknown)	Ever in U. S. Armed Ford Ilf yes, give wor or dote:	es? of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	Yes	W/ W/ 1/	-	155016400	Jos W Hon	OCK Tr.	Sany Will Mill		
	1B. = 9 3	7		CAUSE OF DEAT	H	ALIN YU,	APPROXIMATE INTERVAL		
	DISEASI	OR CONDITION DIR	ECTLY				BETWEEN ONSET AND DEATH		
		LEADING TO DEATH		(A) IMMEDIATE CAI	ISE PNEUMO.	NIA			
		of mean the made of		9. DUE TO OR AS	A CONSEQUENCE OF:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	heort failure, asthenia, etc. It means the disease, Injury ar complication which caused death.)								
	ANTECEDENT CAUSES IN CONGESTIVE HEART FAILURE								
	DISEASES OR CONDITIONS, if any, giving  (B) DUE TO, OR AS A CONSEQUENCE OF: THY CHAIRE NEADEDON								
	rise to the obove cause (A) stoling the								
	UNDERLYING	CONDITION last.		(c) <u>COLIT</u>	DEICHINON S	FOLLOR	VING		
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMINAL								
S.	DISEASE OR CO	DISEASE OR CONDITION GIVEN IN PART 1 (A).							
THE	27/101	WAS PERF	ORMED	K WHICH OFERMION	LUM AUTOPSITIES OF IT		FINDINGS CONSIDERED USES OF DEATH?		
띪	21A- ACCIDEN	T WAS UNDERLYING	FAL 14C	PIB PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	no	ra City, give exact location)		
	OR CONTRIBUT	TWAS UNDERLYING TING CAUSE OF		nome, farm, factory, street, a	ffice bldg., INJURY OCCUR?	III III DOMINIO	only, give exect tocollent		
Ú									
	21 D. TIME OF INJURY	(Month) (Doy) (Year)		TE INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
<	(APPROX.)			While At While Work Not While Work					
	22. I certify t	that 🗱 (this hospital)	attende	the deceased from	7/18/71	19 to S	14/7/ 19		
1 1		last sow the decease		and the same	19.2/ and t	hat In (AA) (aur) and	nian death occurred an the date		
					, , , , , , , , , , , , , , , , , , , ,	•	man dodni occorred dis file date		
	23A. SIGNATUR		ea abaye	A) (welfdig) (ale not)	view the bady after death.		1000 DATE SIGNED		
	familia Phys. Director Phys.								
	23C. PHYSICIAN NAME (Ty	be)			23D. ADDRESS	Y 1			
		James R. H	Reyno	lds, M.D.	The Johns H	opkins Hos	shrrar		
24A	BURIAL CREA	AATION, 248. DATE	24C	NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, tawn, ar caunty) (State)		
	Bunial	6-7-	1 1	1-V2 : P	6. to .	c // "/	1 11-1		
25A	DATE REC'D	BY HEALTH DEET.	258 NAM	PREMIE Pres	byterian 125C. FUNERAL DIRECTO	Snow Hill	ADDRESS		
1	NUG 9 '	HIT (16 Bert E	Valo	wika 1	0 2 7 7 8	61/1	c. 11:11 11:11		







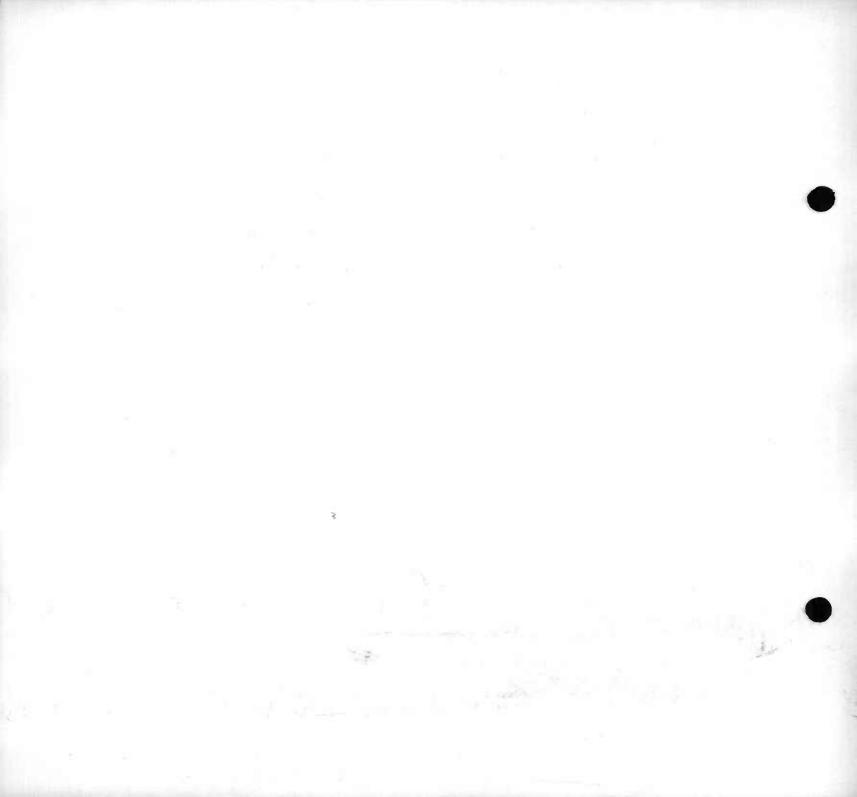
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	T 11			BALTIMORE CITY	HEALTH DEPARTMENT	1	Pid mark		
1/	1-460	71	7436	CERTIFICA	TE OF DEATH	REG. NO	71 7436		
	TH NO.	FACED				AND HOUR OF DEATH			
	pe or Print)	SIMON NEWIC	N TAY	LOR		-5 -71	4:45 AM		
3.	PLACE IN BAL	TIMORE MARTLAND,	WHERE PRON	DUNCED DEAD	A STATE B. COL	here deceased lived. If	institution: residence before admission)		
FU	LL NAME OF OSPITAL OR STITUTION	FIF NOT IN HOSPI	TAL OR INSTI	TUTION, GIVE STREET	Maryland	Harford	622		
IN	STITUTION				Harve de Grace D. INSIDE CITY LIMITS?				
	13				E. STREET AND NUMBER		HES [] NO []		
	The	Johns Hopl	cins H	ospital	567 Founta	in Street			
5. :	EX	6. RACE	7. MARRIET	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	Months Doys Hours Min.		
10	Male	Cau.	WIDOWE		10/28/14	lost birthday) 56	Months: Doys Hours Min.		
				F BUSINESS OR INDUSTRY	11. BIRTHPLACE IState or fo	reign country)	12. CITIZEN OF WHAT COUNTRY		
100		working life, even if refired) SEMBLY LINE		SLER CO.	W.VA.		U.S.A.		
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME			
	GREEN	BRIAR TAYLO	R.		KANSAS	. WEBB			
15.	Wes Deceased	Ever is U. S. Armed Fo	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT	77	ADDRESS		
	YES	W.W. 11		233 20 0894	Mrs. Simon N.	Taylor, 567	vre de Grace, Md. Fountain Street		
-	18. // -	21 01		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL		
	DISEA	SE OR CONDITION D	RECTLY				BETWEEN ONSEY AND DEATH		
		LEADING TO DEATH		(A) IMMEDIATE CAL	ISE CEREBRA	L HERNIA	TION 4 hrs		
	(This does the	not mean the mode o	dying, e.g	DIJETO OP AS	A CONSEQUENCE OF:				
	heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)						11 -1 -0 -		
		ANTECEDENT CAUSE	S	(e) CE	rebral he	morrhage	16 hrs		
		OR CONDITIONS, IF		DUE TO, OR AS	A CONSEQUENCE OF:				
		e above cause (A) 3 CONDITION last	stating th		STEMIC HYI	PZRTENSIO	N ZO yrs		
		11		(0)					
HON	TO THE DEAT	FICANT CONDITIONS CO	THE TERMINAL		LIE LUPUS	ERYTHELD	TOSUS		
CERTIFICATION	19A-DATE OF	OPERATION 19% CO	RT 1 (A). NOTION FOR RFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or Yes	No. 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?		
2	d /								
CAL	OF CONTERUTING CAUSE OF Sent form forten street office bids. INJURY OCCUPY								
2	21 D. TIME	(Month) (Doy) (Year	(Hous) 21	E INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?			
ME	(APPROXI		W	hile At Not While	• 🗆				
	WORK C AT WORK C								
E	22. I certify that (1) (this hospital) attended the deceased from AUGUST 4) 19 7/ to AUGUST 5) 19 7/ that (1) (we) last saw the deceased alive on AUGUST 5) 19 7/ and that in my (aur) apinion death occurred on the date								
	and hour and fram the causes stated above (1) (We) (dld) (dld not) view the body after death.								
	23A. SIGNATO	JRE .				- Comme	23B, DATE SIGNED		
	Noil R Miller MD Director Director Phys. 8-5-7/								
	23C. PHYSICIA	AN'S		-	23D. ADDRESS	+ 1-1-			
	I I I I I I I I I I I I I I I I I I I		. Mill	er, M.D.	The Johns H	lopkins Hos	spital		
24	A. BURIAL CRE	MATION, 248, DATE		NAME of CEMETERY OF CR			City, town, or county) (Stole)		
	BURIAL	8/7/1	971 H	ARFORD MEMORIA	GARDEN	LDINO	HARFORD Md.		
25	A. DATE REC'E			OF REGISTRAR	25C FUNERAL DIRECT	DR, , , 1	ADDRESS MO		
	AUG 9	1971 P.R.	BE Ja	Charles of	Cennyth.	for Ha	ville (rate ) 1189		

FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT		** #				
віктн No. 71 7439	CERTIFICA	TE OF DEATH	REG. NO.	/1 7/439				
1. NAME OF DECEASED  (Type or Print) Ronald Lee TEMP	2/5	2. DATE AND	HOUR OF DEATH	1 7 115 0				
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If ins	7. 41 P. M. stitution; residence before admission				
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION	N, GIVE STREET	C. CITY OR TOWN	2/224 D. INSIE	DE CITY LIMITS?				
UNIVERSITY of MARY LANd	HOS PITAL	BALTIMORE  E. STREET AND NUMBER  (611) DONNELL	st.	YES NO .				
M212 White WIDOWED	EVER-MARRIED.	8. DATE OF BIRTH 9	AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
- Of Eldring	y Selfools	Mary Land,	49. /	12. CITIZEN OF WHAT COUNTRY?				
CHARLES T. TEMPLE		CATH. KILG		HERIXE E. KILGO				
(Yes, no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	Femple-5611	triciA-7	ADDRESS ADDRESS				
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	(wife)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
LEADING TO DEATH  (This does not meon the mode of dying, e.g., heard follure, asthenia, etc. II means the disease, injury or complication which coused death.)  (A) IMMEDIATE CAUSE BARCINOMA OF LUNG  TOUR TO, OR AS A CONSEQUENCE OF:								
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		)				
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stolling the UNDERLYING CONDITION last.								
z 11			_					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	BRAIN	METASTAS	S	**************************************				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?				
OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examined	E OF INJURY (e.g., ir m, loctory, street, of	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)				
21D-TIME (Month) (Doyl (Yeor) (Hour) 21E INJURY (APPROX.) While At Work	RY OCCURRED  Not While At Work	21F. HOW DID INJU	RY OCCUR?					
22. I certify that (1) (this hospital) ottended the deceosed from July 22 1971 to August 7 1971								
that (1) (we) last saw the deceased alive an August 7 19 7/ and that in (my) (aur) apinion death occurred an the date								
ond haur and fram the couses stated above. (1) (We 23A. SIGNATURE	) (did) (did not) v	ew the body ofter death.		ORD DAYS CICALED				
AL lowan M.S	Attending Med. Staff & 8/7/1971							
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	44 - 0 - 1					
24A. BURIAL CREMATION, 24B. DATE MAD A 24C. NAME	M. D. OEGREE	UNIVERSITY of	MARYLAND					
BURIOL AUG-11, GTI GLEN	Hame	ometery 6te	or BURNIFE	town, or county) (State)				
AUG 9 1971 Oaber E. Jarben	A.O. D.A	25C. FUNERAL DIRECTOR	1400 S CHA	LVAN SADDRESS / 2/0 - 2/230				
VS 150-REV. 1/1/68								

EE 48 #1 8 -13 24-142 4 12 4 113 Blood 5 184140 Fred - 5611 6 Poraciet 11 Breist Hopen Ster Weer a see Greekenie, mit In The the there I was supply any with the





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DIRECTOR:

FUNERAL



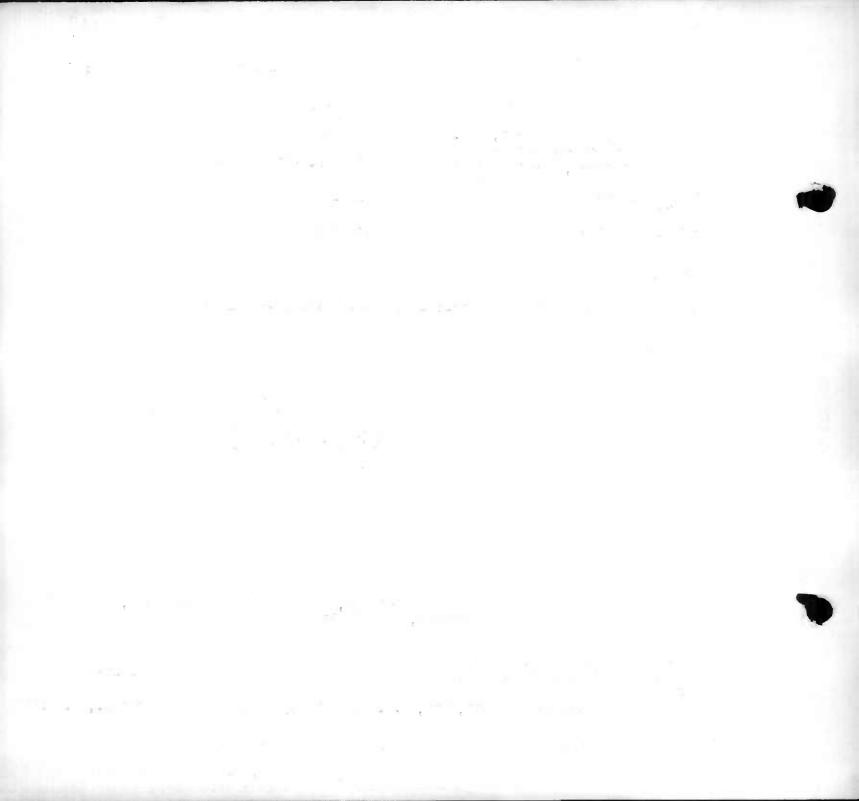
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M-63	35 74 744	0		HEALTH DEPARTMENT		71. 7443	
BIRTH NO.	71 744	3	CERTIFICA	TE OF DEATH	REG. NO	7410	
(Type or Print)	WILLIA	M MORTO	N	2. DATE AND 8-5-71	HOUR OF DEATH	, 9:00 a	
3. PLACE IN B	ALTIMORE, MARYLAND, V	HERE PRONC	UNCED DEAD	4. USUAL RESIDENCE IWhere of A. STATE B. COUNTY	deceased lived. If in	nstitution: residence before admission	
FULL NAME OF HOSPITAL OR					D this	1607	
20	Provident Hos	pital,	Inc.	C. CITY OR TOWN Baltomore	D. 1145	YES TO NO	
37	2600 Liberty	Heights	Avenue	E. STREET AND NUMBER		ILD NO	
	Baltimore, Ma	ryland	21215	1616 N. Hilton	Street		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	1	AGE (In years 1 birthdoy) 49	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.	
Male	Negro	WIDOWED				Months Doys Hours Min.	
cone curing most c	CUPATION (Give kind of work of working life, even if retired) m Steel nm	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign Virginia, Blacks		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S N.	AME			14. MOTHER'S MAIDEN NAME			
Leslie	Morton			Effie Morton			
15. Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
Yes	9/19/44-3/25	46	218-12-0693	Annabelle Morton	- Wife	SAME	
(This does heart laiture injury or ca	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart killure, osthenia, etc., it means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)  (C)						
V DISEASE OR	IFICANT CONDITIONS CONTINUES TO THE SUT NOT RELATED TO THE CONDITION GIVEN IN PART	E TERMINAL		//	******************************	2 m2 d m2 m2 m2 m2 m2 m2 m2 m2 m2 m2 m2 m2 m2	
19A. DATE O	F OPERATION 198 CON	WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20	OB IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol examined	PLACE OF INJURY (e.g., Ir ie, larm, factory, street, all	or about 21 C. WHERE DID	(il In Boltimore	e City, give exoct facation)		
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED  Not White At Work	21F. HOW DID INJURY	OCCUR?		
	22. I certify that (I) (this hospital) attended the deceased from July 30, 1971 to August 5, 19 that (I) (we) lost sow the deceased alive on August 5, 1971 and that In(my) (our) opinion death occurred on the date						
1				ew the body ofter death.	,, (001, Opit	Jooli occurred on the dote	
73A. SIGNAT	here R. mi	After Phys.	ding Med. Staff	f. X	23R DATE SIGNED 8-5-71		
23C. PHYSICI	Type)	Mitch		30. ADDRESS 2600 Liberty Heig	hts Avenue	e BaltoMd. 2121	
24A. BURIAL CRI	MALION, 1240, DALE	24C.NA	ME of CEMETERY OF CRE	MATORY 24D. LOCA		e Balto.,Md. 2121	
BURIAL	8/9/71		Calvary Cemet		imore, Md.	y, town, or county) (State)	

MORTON & DYETT

INC.

FUNERAL HOMES,



## IMPORTANT FUNERAL DIRECTOR:

Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased approved by the chief medical examiner or his assistant if death occurred in a hospital and in regular attendance on the deceased prior to death. was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be VS 150-REV. 1/1/68

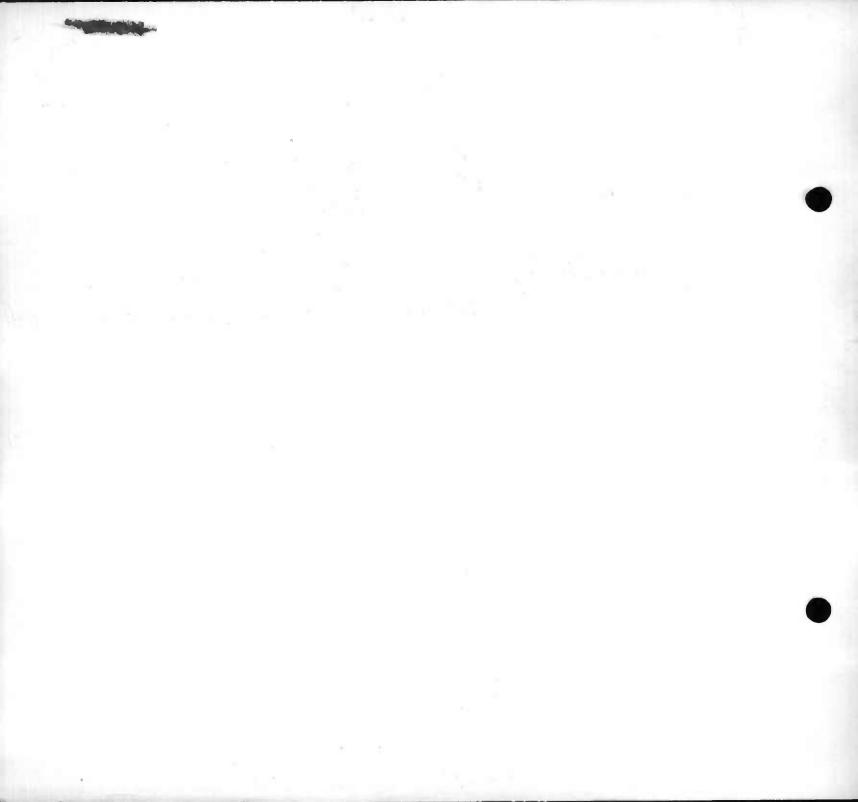
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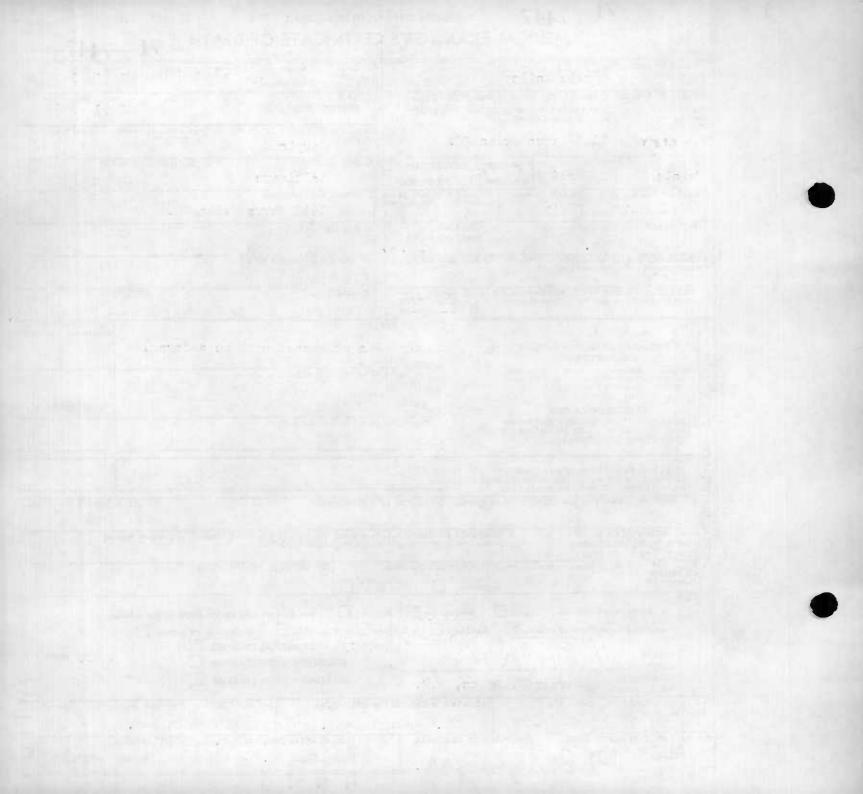
BALTIMORE CITY HEALTH DEPARTMENT							
	TE OF DEATH REG. NO. 174 17444						
1. NAME OF DECEASED							
MARGARET SIMMS 8/5/71	, M.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Whose doceosed lived. Il institution of the country)	lution: residence before admission)						
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET   Maryland Balto. City INSTITUTION   C. CITY OR TOWN   D. INSIDE	CITY LIMITS?						
2412 West Franklin St.  Balto., Md.  Baltimore Y  E. STREET AND NUMBER  2412 West Franklin Street	ES X NO						
5. SEY 16 BACE 17							
FEMALE NEGRO WIDOWED DIVORCED 4/4/1906	If Under 1 Yr. If Under 24 Hrs. Aonths Days Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  done during most of working life, even if refired)  Domestic  Middlesex County, Va.	USA						
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
WHITE Melisa White							
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war ar dotos at service) No  16. SOCIAL SECURITY No. 2440 Seab 220-30-4673 Mrs. Alma Spruill Balt	,						
220-30-4673   Mrs. Alma Spruill Balt	o., Md.						
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  (A) IMMEDIATE CAUSE O VONARY OCCIOSION (NOVYS)  DUE TO, OR AS A CONSEQUENCE OF:							
ANTECEDENT CAUSES (1) Hy parteusive and materia sclenatic heartely	sour law +						
DISEASES OR CONDITIONS, if any, giving inse la the above cause (A) stating the	6.7.3						
UNDERLYING CONDITION last (c) Hypertersion	6415 +						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
OISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes of No.) 208. IF YES. WERE FINITED.							
WAS PERFORMED IN CERTIFYING CAUSE	S OF DEATH?						
OR CONTRIBUTING CAUSE OF larm, foctory, street office bldg. INJURY OCCUR?	lty, give exect location)						
QTD. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
Work At Wark							
	- 26 19 7/						
that (1) (we) last sow the deceased office on 7-26 19.7/ ond that in (my) (ow) opinion							
and have ond from the causes stated abave. (1) (We) (did) (did not) view the bady ofter death.							
23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Staff Director Phys. 23B. DATE SIGNED							
123 C. PHISICIANE	8-6-71						
23C. PHYSICIANS NAME (Type) JOHN T. Chissell, MD GEGRES 940 W. North Ave Baltin	/						
JOHN 1. Chissell, MD GEGREE 940 W. North Ave Baltin	/						

MORTON & DYETT FUNERAL HOME, 1701 Laurens St

(1) - 352 BALTIMORE	E CITY HEALTH DEPARTMENT							
BIRTH NO. 71 7445 CERTIFI	ICATE OF DEATH REG. NO. 71 7445							
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
WHITTINGTON, Clara Dor	rsey 8/4/71 3:45 p							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence below admiss A. STATE B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland /50 m							
2025 Wheeler Ave.	Baltimore D. INSIDE CITY LIMITS?							
Banitimore, Maryland	E. STREET AND NUMBER							
Mar yrang	2025 Wheeler Ave.							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED								
Female Negroid WIDOWED DIVORCE	[IOST DISTINGOV]   Manths! Days : Hours : Mir							
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDIdone during most of working life, even if refired)	USTRY 11. BIRTHPLACE (Stota or foreign country) 12. CITIZEN OF WHAT COUN							
Housewife	Annapolis, Maryland USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Charles Wells	Emma Wells							
15. Was Deceased Ever in U. S. Armed Farcas? (Yes, no ar unknown)   UI yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS							
(res, na ar unknawn) (If yes, give war or dates of service) SECURITY NO.	0.04							
12 CAUSE OF C	Them reced but rey							
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DE							
LEADING TO DEATH	TE CAUSE HRTERIOSCLEROSIS -							
heart follows as the rise of the mode of dying, e.g., DUE 10, C	heart filture action not mean the mood of dying, e.g.,							
injury or complication which caused death.)								
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, if any, giving DUE 1000 rise to the obove couse (A) stoting the	ORAS A CONSEQUENCE OF:							
UNDERLYING CONDITION last. (C)	EMILITY							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
DISEASE OR CONDITION GIVEN IN PART 1 (A).	100 x 100 x							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 1 21B-PLACE OF INITIALY	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	(e.g., in ar about 21 C. WHERE DID (II in Baltimare City, give exect location)							
OR CONTRIBUTING CAUSE OF home, form, foctory, street DEATH (notify medical examiner)	eet office bldg. INJURY OCCUR?							
DEATH (notify medical examines)  DEATH (notify medical examines)  O 215 INJURY OCCURRET	D 21F. HOW DID INJURY OCCUR?							
▼ (APPROX) While At [ ] Nat	t While							
22. I certify that (I) (this hospital) attended the deceased fram.	Wark L							
	ti- ni							
//-	and that intropy tour opinion death occurred an ine dote							
and how and from the causes stated abave. (1) (We) (did) (did n 23A. SIGNATURE)								
23C. PHYSICIAN'S DEGREE	Aftending Med. Shuff Phys. Director Phys.							
NAME (TYGG) L. BANFIELD M.D	722 Hotala Cus Sall -							
	OF CREMATORY 24D. LOCATION (City, town, or county) (Stole							
REMOVAL (Specify)								
THE DUCUS FIERIC								
AUG 9 197 HEALTH DEPT. E. 23 NAME OF REGISTRAR	25 MORTON PREDVETT FUNERAL HOMES, INC.							
VC 160-DEV 1/1/40	11701-31 Laurens Street, Balto, Md. 212							

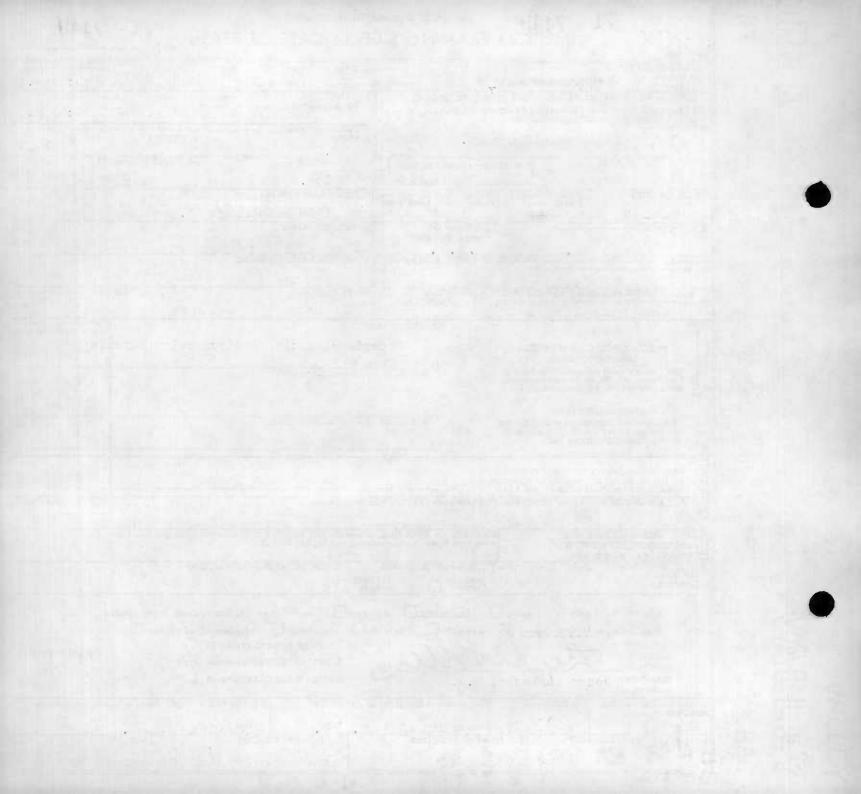


2 71 7447 BALTIMORE CITY HE.		
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. 1961	
1. NAME OF DECEASED (Type or Print)  Myrtle Bailey	2. DATE Known Month Day Year Hour DEATH Estimoted 8 8 1971 3:30	AM M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour	IN.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 8 1971   3:45	AM M.
2440 Terra Frima Rd.	S. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission a. STATE Maryland B. COUNTY	1)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Female Colored WIDOWED DIVORCED	Baltimore YES NO	
9. DATE OF BIRTH 8-26-27 10.AGE (In years   ff Under 1 Yr. If Under 24 Hrs. Months   Days   Hours   Min.	2440 Terra Frima Rd.	
11. BIRTHPLACE(State or fareign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Howard Cook	-
done during most of working life, even if relired)		
Checker Laundry Er	ily Jackson  18. INFORMANT ADDRESS	
(Yes, no er unknown) (If yes, give wor or dotes of service) SECURITY NO.		
no 217-20-0513	Clifton Bailey 2440 Terra Firma	Md
19. 174 / 1 CAUSE OF DEAT	TH APPROXIMATE INTER	
DISEASE OR CONDITION DIRECTLY Carcino	oma of breast with metastases.	
1EADING TO DEATH		
(A)IMMEDIATE C	AUSE US A CONSEQUENCE OF:	
heart foilure, osthenia, etc. It means the disease, injury or complication which coused deoth.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST.		
0		
CC)		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or N	0)
	no	
CONTRIB. Inome, form, lociory, street, office	in or obout 22C. WHERE DID (II in Baltimore City, give exact location) bldg., etc.) INJURY OCCUR?	_
UTING ☐ CAUSE OF DEATH,  22D. TIME (Month) (Doy) (Year) (Hour)   22E, INJURY OCCURRED		
OF INJURY	22F. HOW DID INJURY OCCUR?	
m. WORK AT W	WHILE ORK	
23.		
I certify that I held an Inquiry Inspection Aut	opsy and that on this basis, death in my opinion	
resulted from Natural causes X Acetdent Suteld		
	POLITY CHIEF MEDICAL EVALUATED TY	
ACTUAL WY O AND INC.	DATE SIGNED	,
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER 4/8/71	
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, REMOVAL (Specify)	(only leady) (older)	_
Burial 8-12-71 Mt. Aubur		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR V.Balley ADDRESS	
AUG 9 1971 Palent E. Farlen M.D.	Kelson F.H. 1348 Calhoun Street	
VS 151-REV. 1/1/68		_



	B-125-71	7448	BALTIMORE CIT	Y HEALTH DEPARTMENT		314		
III RH	RTH NO.	4410	CERTIFICA	TE OF DEATH	REG. NO.	71 7448		
1.1	NAME OF DECEASED							
11(1)	pe or Print)	DWIN. JAM	IES DENNIS			77 1 6.25 4		
3.	PLACE IN BALTIMORE, MARYL		NOUNCED DEAD	4. USUAL RESIDENCE (Who	gust 7, 197 ere deceased lived, If in NTY	71 6:15 Am		
II H	JLL NAME OF (IF NOT IN OSPITAL OR ADDRESS (	HOSPITAL OR IN	STITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	lo inte	1537		
		dministra	tion Hospital	BALTIMORE	D. 11431	YES X NO		
	3900 Loch	Raven Blv	rd	E. STREET AND NUMBER				
5.	Baltimore.				Mondawmin Ave.			
	MALE NEGROTI	WIDOW		8/10/23	9. AGE (in years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10/	L. USUAL OCCUPATION (Give kir	d of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country!	12. CITIZEN OF WHAT COUNTRY		
	LABORER		ISC.	LAWRENCE, SOUT	H CAROLINA	USA		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME			
	RICHARD BALDWIN			LILLIE IRBY				
(Ye	Was Deceased Ever in U. S. Ar s, no or unknown) (If yes, give wo	med Forces? or dotes of sorvice	JECOKIII IIO.	17. INFORMANT Annie	e Miller	ADDRESS		
Y	es WW II		247-30-3205	CLIN RCDS, WAH				
	18. 199, 01		CAUSE OF DEAT	н _		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITI			Gidia		BETWEEN ONSET AND DEATH		
	LEADING TO ( (This does not mean the m		(A) IMMEDIATE CA	USE Respirator A CONSEQUENCE OF:	v Failure			
	heart foilure, asthenio, etc. It	27						
	ANTECEDENT C	6 (						
	DISEASES OR CONDITIONS, if any, giving Due TO, OR AS A CONSEQUENCE OF:							
	rise to the above cous							
	UNDERLYING CONDITION last. (C)							
Z	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
ATIC								
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I							
ERT	2/			YES		ES OF DEATH		
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID homo, farm, foctory, street office bldg., INJURY OCCUR?								
	21D. TIME (Month) (Doy)	(Yeor) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUP?			
Z	OF INJURY (APPROX.)		White At Not While	e 🗂	ort occor.			
			Work At Work		77			
	22. I certify that (1) (this h				19 /L to Aug			
	that (M (we) lost saw the d				ot in (our) opin	ion death occurred on the date		
	and hour and from the caus	es stoted above	. 10 (We) (did) 1000501 v	lew the bady after death.				
	23A. SIGNATURE		010	4.		23B. DATE SIGNED		
	Hin	inhu	DEGREE Phy	nding Med. Director	Staff Phys.	8/7/71		
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS				
	B. Avrun	in M.D.	DEGREE	VA Hospital, Ba	altimore. Ma	ryland 21218		
24A	BURIAL CREMATION, 24B. D. REMOVAL (Specify)	ATE 24C	NAME OF CEMETERY OF CRI			y, town, or county) (Stote)		
		1-71 1	Mt. Auburn Ce	m. Ba	ltimore, 1	Vid.		
25 A	DATE ACO BY HEALTH DEP	258. NAM	Ber K.D.	2SC. FUNERAL DIRECTOR Kelson F. Hz.	V. Bailey	ADDRESS Lhoun St.		
VS	150-REV. 1/1/68	11 3		14 4 4 4	. , , , , , , , , , , , , , , , , , , ,	LIIOUII OU.		

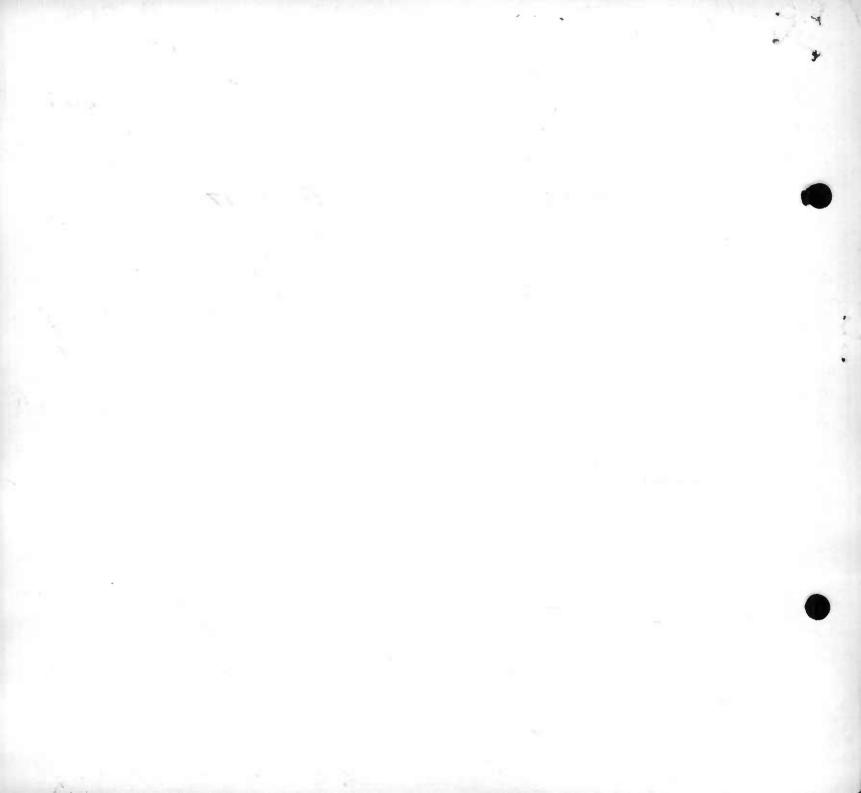
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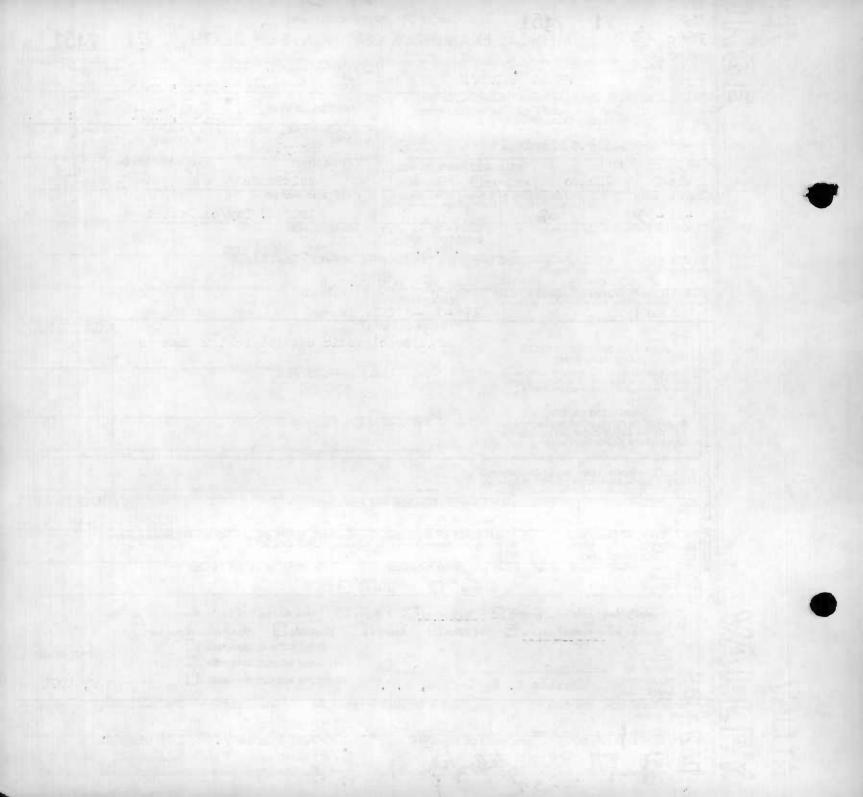
IMPORTANT

FUNERAL DIRECTOR:

A = 2 / 174 mind	BALTIMORE CITY	HEALTH DEPARTMENT		71 7450				
H-536 71 . 7450	CERTIFICA	TE OF DEATH	REG. NO	7400				
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH					
Miss Velones An	drems	100	4 197	1 1 4: 20 A N				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE (When	e deceased lived, If in: TY	stitution: residence before admission				
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION	NON, GIVE STREET	md.		02001				
INSTITUTION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?				
37		E. STREET AND NUMBER		YES NO .				
BON Secours HospiTAL		21 N. MON	ROE ST.	21223				
	T 145 A FK WINKKIED	DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
F Negroid WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF I	DIVORCED DIVINITED IN THE PROPERTY OF THE PROP	1/17/54	17					
done during mast of working life, even if refired)	JOSINESS OR INDUSTRI	A A	gn country)	12. CITIZEN OF WHAT COUNTRY				
Sludent		Md.		USA				
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAM	AE					
Walter Andrews		mary	Small					
5. Wes Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	7. INFORMANT MARY	ANDREWS	ADDRESS				
- x - 00	E N	ChanT	21 N.	MONROE ST.				
18. 9 3 / 1	CAUSE OF DEATH	- VIAIL I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY	JE ACUT	F LIVER INS	UFICIENCY	DETWEEN ONSET AND DEATH				
LEADING TO DEATH  (This does not meen the mode of dying, says)	A (A) IMMEDIATE CAUS	E	-					
I heart tailuie, asihenia, etc. Il means the districe	hoof foilure, ashenic, etc. Il means the disease, injury or complication which caused death.							
ANTECEDENT CAUSES	2 5 6	ERUM HEDA	TITIS					
	DISEASES OR CONDITIONS, if gay, and a consequence of:							
rise to the above cause (A) stoling the	THE	TION OF DR	LICE TO	EUNKNOWN				
UNDERLYING CONDITION last.	(0) 203 (1)	TION OF DE	MAZ ( ILL	EMURNOUN				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL				************				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART † (A).  179A-DATE OF OPERATION 179B. CONDITION FOR WE WAS PERFORMED  21A ACCIDENT WAS UNDERLYING	TICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?				
WAS PERFORMED			IN CERTIFYING CAL	ISES OF DEATH?				
OR CONTRIBUTING CAUSE OF	LACE OF INJURY (e.g., In	or about 21 C. WHERE DID	(If In Baltimore	City, give exact location)				
DEATH (notify medical examined)		5.7.		0-00				
= IOF INJURY	NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?					
(APPROX.) While Work								
22. I certify that (1) (this hospital) ottended the	22. I certify that (1) (this hospital) ottended the deceased from/ - /7 19 _2/ ta 8 4 19 _7/							
that (1) (we) last saw the deceased alive an	77							
and have and from the causes stated above. (1)	(We) (did) (did not) vie							
23A. SIGNATURE	4.0			23B, DATE SIGNED				
MARCO T FLOREZ	MD Attend	ding Med. Director	Shoff Phys.	AUG 4-71				
23C-PHYSICIAN'S NAME (Type)	23	D. ADDRESS						
waseaf lose h	ud MD	BON SECO	URS HOSF	P. BALTIMORE M.D				
24A. BURIAL CREMATION, 24B. DATE 24C.NAA REMOVAL (Specify)	AE el CEMETERY es CREN	MATORY 24D. LO	CATION (Ci)	, town, ar county) (State)				
	4. Auburn	Can. 7	BAlto M	ld.				
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF	Contract Con	25C. FUNERAL DIRECTOR	U. BAILEY	ADDRESS				
AUG 9 1971 Pake & 3	Las Son o	Kalson F. Ox	1 134	18 Calloun 57.				



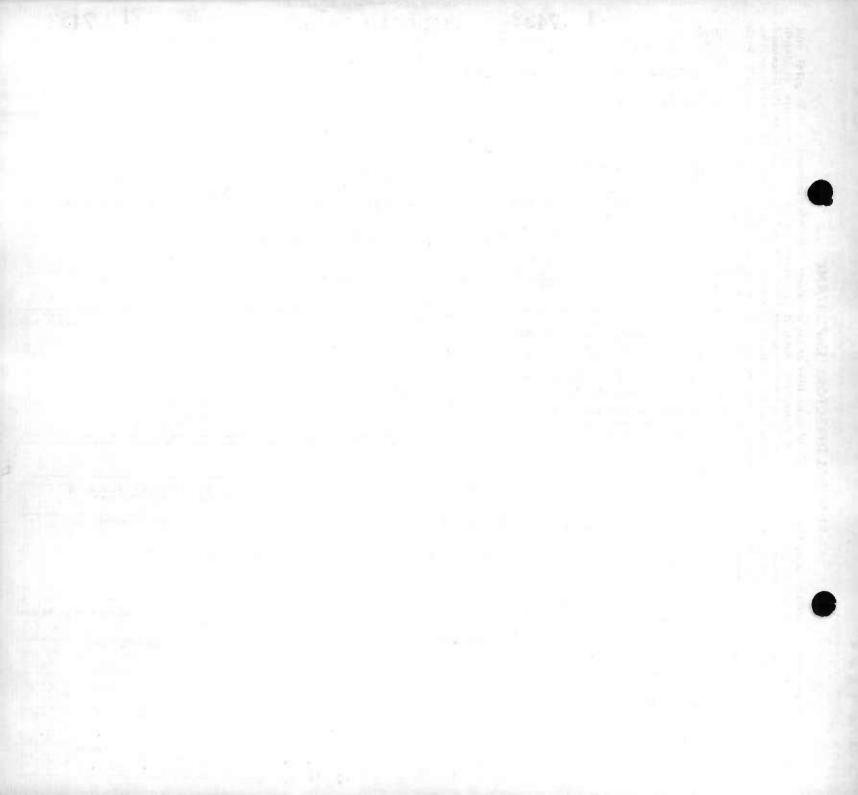
Burial Arbutus 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Kelson Calhoun Street VS 151-REV. 1/1/68



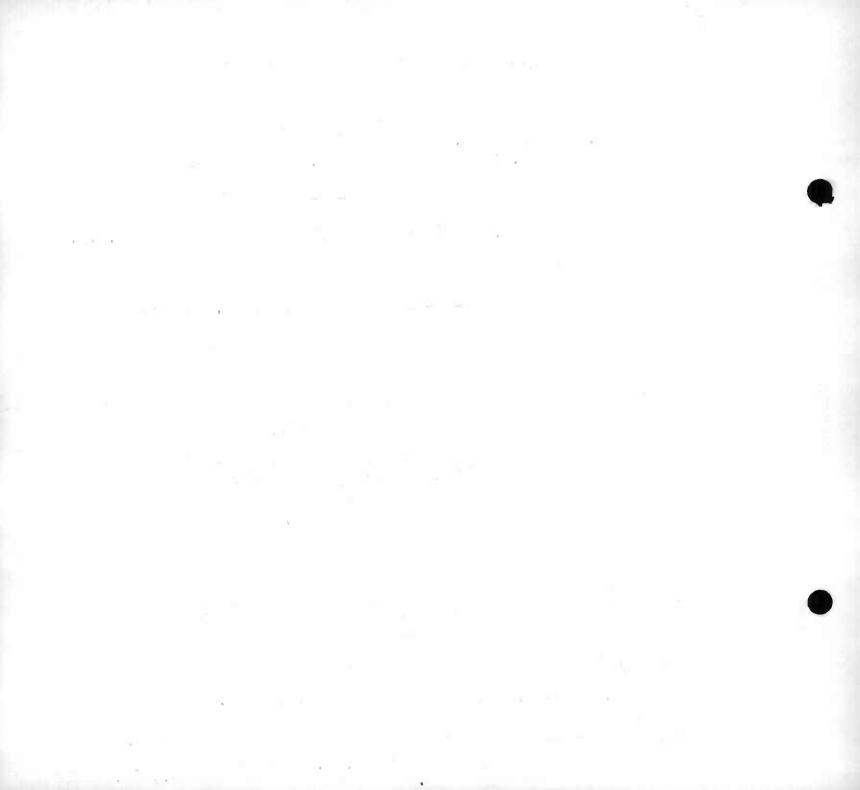
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

Such

BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. CERTIFICATE OF DEATH REG. NO. 11 7452
Type or Panil MCKEON LZURZ Bea 2. DATE AND HOUR OF DEATH 215 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission A, STATE  B, COUNTY
FULL NAME OF UE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET
HOSPITAL OR ADDRESS OR LOCATION)  [C. CITY OR TOWN   D. INSIDE CITY LIMITS?
Baltimore YES NO
UNION MEMORIAL HOSPITAL E. STREET AND NUMBER 251/ St. PAUL STREET
5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years   If Under 1 Y.c.   Il Under 24 Hr   Months; Doys   Hours; Min.
T WIDOWED DIVORCED   12-8-20 50 7 26
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTI
EMPTOY DELIRED. HONTGONERS WERD W. VIR91X12 U.S.A.
13. FATHER'S NAME 7
ANDY RIDDIE BESSIE GERBER
15. Was Decessed Ever in U. S. Armed Forces?   16. SOCIAL   177. INFORMANT ADDRESS
(Tos, no or unknown) (If yes, give war or dates of service) SECURITY NO.  NO 33-26-2381 C. J. Riddle W. Wirginia-Harr
18. / 5 4 / 1 CAUSE OF DEATH SETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY
(A)MMEDIALE CAUSE
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, If ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.  (C) SRC. WOUR OF The RECTON
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  121A. ACCIDENT WAS UNDERLYING 1  121B. PLACE OF INJURY (e.g., in or obsult21C, WHERE DID  (It in Bollimote City, give exect location)
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   (if in Bollimore City, give exect location)   OR CONTRIBUTING   CAUSE OF   home, farm, factory, street, office bidg, INJURY OCCUR?
S OF INJURY
(APPROX.) Work L AI Work L
22. I certify that (1) (this hospital) attended the deceased from \$ -2 // 19 7/ ta 8 - X 19 7/
that (1) (we) last saw the deceased alive on 8 19 // and that In(my) (our) opinion death occurred on the do
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE
Attending Med. Stuff Stu
23C. PHYSICIAN'S 23D. ADDRESS
MAME (Type) OS A. Barrilana 4.0. () N'ON NERRORISI HOSpilal
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)
Rem. Burial 8-9-71 Harrisville Odd Fellows Harrisville, VV. Va. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
H: 4905 Je8kin Roba & 98 Md. 21212
VS 150-REV. 1/1/68



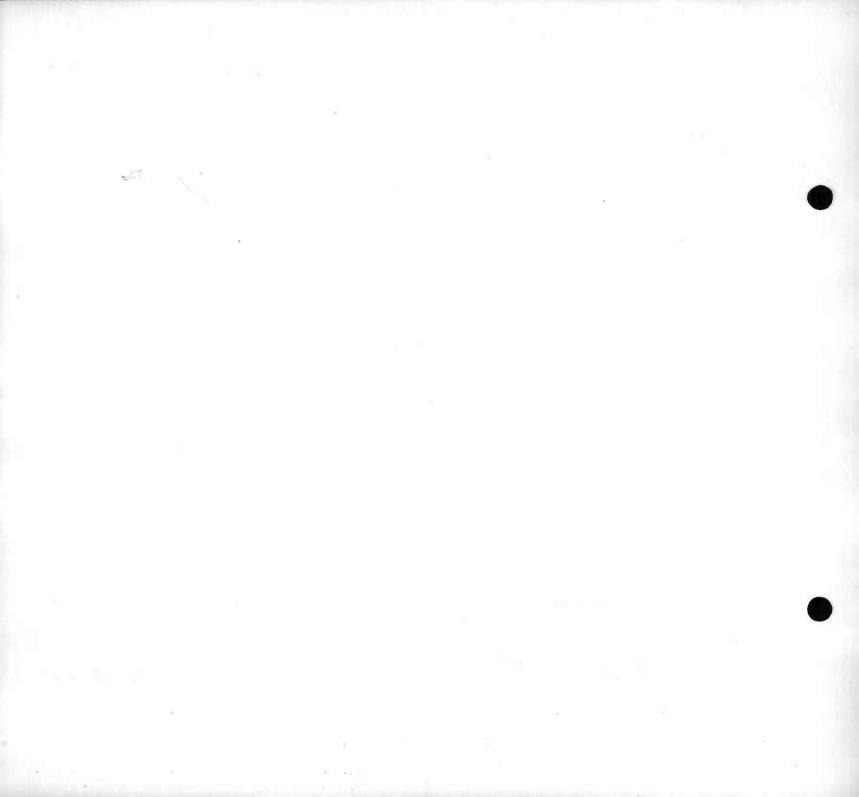
T 10	17/4	We all to	BALTIMORE	CITY HEALTH I	DEPARTMENT		71	7453	
BIRTH NO.	71	7453	CERTIFI	CATE OF	DEATH	REG. NO	)		
1. NAME OF DE	CEASED				2. DATE	AND HOUR OF DE	ATH		
	Li	lv Ann	Bruce Tu:	lloch	81	7/71	6,30	A, M	-
3. PLACE IN BA	LTIMORE, MARYL	AND, WHERE PI	ONOUNCED DEAD	4. USUAL	RESIDENCE (W	here deceased lived.	If institution: re	esidence belore	admission
FULL NAME OF	#E NOT IN			N. SIMIC	A COL	YNTY		4	A I
HOSPITAL OR	ADDRESS (	OR LOCATION)	NSTITUTION, GIVE STREET		ryland				2
NOITUTITEN				C. CITY OF			INSIDE CITY L	IMITS?	
00	8 E.	Pleasar	1 9+		ltimore		YES 🔀	NO [	]
00	О П.			11	AND NUMBER				
		A pt.		8	E. Plea	sant Str	eet		
SEX	6. RACE	7- MAR	RIED NEVER MARRIED	8. DATE OF		9. AGE (In years		Deys Heurs	der 24 Hrs
F	W	WIDO	WED DIVORCED	门 。。	5-1895	lost birthdoy	Menths	Deys Heurs	Min
OA. USUAL OCC	UPATION (Give kin	d of werk 10B, KIN	D OF BUSINESS OR INDU	STRY 11. BIRTHPI	ACE (State or la	veign severbul	la ciri	1	
ane during mast of	werking lile, even it	revired)			-A de (sidie di 10	reign ceonays	12. 0112	ZEN OF WHAT	COUNTR
		A mer	Red Cross	Sco	tland		T	J.S.A.	
3. FATHER'S NA	ME			14. MOTHE	R'S MAIDEN N.	AME		A D PT.	
	James	Campbe]	: 7		A 20 -0 A	774			
. Wes Deceased	Euro In II C A.	15. 5		17 (1100-11		llison			
es, na ar unknewn	(If yes, give we	r or detes of serv	SECURITY NO.	17. INFORM	IANT			ADDRESS	
No			214-30-325	8 A M+	eg Tilli	an C. Tu:	lloob	Come	
18. / (/ - /	1		CAUSE OF D			an of ia.	TTOGIL	Same	INTERVAL
DISEA	SE OR CONDITI	ON DIRECTLY					a	ETWEEN ONSET	
	LEADING TO	DEATH	ler	ence.	Pass	work	á	2 8	
IThis does r	not meon the m	ode of dvina.	(A) IMMEDIATE	CAUSE	1 0000		1	100	ey
heori loilure,	asthenio, etc. It	means the dise	ase, DUE TO, O	AS A CONSEQUE	NCE OF:		1		- (
	nplication which		4		0		- 1		V
	ANTECEDENT C	AUSES	m (A	common	a of	20000	1)	2	-0
DISEASES C	OR CONDITION	S, if any, ai	ving DUE TO, O	R AS A CONSEQU	ENCE OF:			a m	9>
rise to the	e obove cous	e (A) stating	The	57 A	0	1 00 0	i		
UNDERLYING	CONDITION I	ast.	(c) /U	ugin	reson	rosen			
	[]			0		00 1	-		
OTHER SIGNIF	ICANT CONDITIO	NS CONTRIBUTE	NG Operal	um les	one	thee n	010		
LIDISEASE OR C	H BUT NOTRELAT	ED TO THE TERMIN	VAL On	July	<u> </u>	7971			
19A-DATE OF	OPERATION 19	B. CONDITION F	OR WHICH OPERATION	120A/AU	OPSY? (Yes er N	le) 20B. IF YES, WE	BE EINDINGS	CONSIDERED	
19A. DATE OF	lw.	AS PERFORMED			7	IN CERTIFYING	CAUSES OF D	EATH?	
21A. ACCIDEN	T WAS UNDERL	YING	21B PLACE OF INJURY (	a in a chaudal	T WHERE DIE				
. IOR CONTRIBU	ITING LICAUSE	OF -	nome, tom, tectory, stree	coffice bldg., IN.	URY OCCUR?	(It In Belli	mere City, give	exact lacation)	
	medicel examiner		etc.)						
21D. TIME	(Menth) (Day)	(Year) (Hour)	21E INJURY OCCURRED	211	HOW DID IN	JURY OCCUR?			
(APPROX.)			While At Not	White C	DID IN				
			TOOK - AT V	renk LJ					
22. I certify	thot (1) (this he	spital) attend	ed the deceased from	Geen	eals 1	1971 -0 (	111 000	ent 17 "	7/
thof (1) (we)	lost sow the de	eceased alive	on access	F79,7				-dalland	1 f
1 /					ond t	hot in (my) (our)	opinion deoti	occurred on	the date
ond hour ond	from the cause	s stoted abave	(1) (Was) (did) (did-	t) view the bod	y after death.	(			
23A. SIGNATU	KE /						23 B. DATE	SIGNED	
The	ee 2.	me		Attending Phys	Med.	Staff Phys.	12.		71
23 C. PHYSICIA	N'S	1	DEGREE	rnys.	Director L	Phys. L.J	au	97-	//_
NAME (T)	/pe)_	29.00 G	Tonog	23D. ADDRES				/	14-
			Jones	12	Walker	Ave.			
A. BURIAL CREA	MATION, 24B. D.	ATE   240	C. NAME of CEMETERY OF	CREMATORY	24D- 1	OCATION	(City, tewn, er	countyl	(5101-)
					175.			county)	(Stete)
Burial		10-71	Loudon Par	K.	_	Baltimor	e, Md.		
	BY HEALTH DEPT	25B. NAA	AE OF REGISTRAR	25C. FUN	ERAL DIRECTO	R		ADDRESS	
AUG 9	13/1 V	دولادية في الم	Rebow M.D	H. W	Jenk:	ins & Son	s Co.		grk l
150-REV. 1/1/6				2 73	61 13	Balt	o. Md	2121	2



1	1-240 -	tal town a	- 4		HEALTH DEPARTMENT	)-	1 7454
	NO.	1 74	54	CERTIFICA	TE OF DEATH	KEG. NO	1404
	ME OF DECEASED				2. DATE A	ND HOUR OF DEATH	7 : 2-
2.81	Anne	Sinda				Aug. 8, 19	7:30 A M.
3. 71	ACE IN BALTIMORE	MARILAND, W	HERE PRO	DNOUNCED DEAD	A. STATE B. COU	ere deceased lived, If in	stitution: residence before admission
FULL	NAME OF (IF I	NOT IN HOSPITA	L OR IN	STITUTION, GIVE STREET	Md.		1202
ITZNI	TUTION	DRESS OR EOCA	IION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
10					Baltimore		YES NO
	300 A East	Univer	rsit	y Pkwy.	E. STREET AND NUMBER		
5. SE	( )6. RACE		7. 44.400		1 300 A East		ty Pkwy. Apt. Al
.			WIDOY	IED NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, L	ISUAL OCCUPATION	Give kind of work		VED DIVORCED DIVORCED DIVORCED	6-22-85		Lia Citati Of Water College
done	during most of working life	, even if relired}		Hospital on Memorial		lengin country?	12. CITIZEN OF WHAT COUNTRY?
	et. Librar	nan	Uni	on Memorial	Baltimore . Nother's Maiden NA	Maryland	USA
J	oshua F. S	Sindall			Sophie 0'B	rien	
(Yes, n	o or unknown) (If yes,	ive wor or dotes	of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21212
	10			216-36-6839		a A. Nahm	301 Taplow Rd.
11	4-1019	1		CAUSE OF DEATH	, 1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CO	ONDITION DIR	ECTLY	Myocai	deal infa	etun	Sudden
	This does not maon	the made of	dying,	(A) IMAGEDIATE CAU	CONSEQUENCE OF:		
]    h	earl lailure, asthenia, njury ar camplication	elc. Il means	the dise	ase,	. II	*	Sudden
		ENT CAUSES		Colonar	1 monto	no	Junear
	ISEASES OR CON	DITIONS, il a	ny, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:	-	2 5013
zi	se to the above	cause (A)	slaling	the arkuos	devotre car	dio vascul	ar yours.
		14		70)		CLUSEL.	us gow.
NO O	THER SIGNIFICANT CO	NDITIONS CON	ITRIBUTIN	1G			
AT	O THE DEATH BUT NO ISEASE OR CONDITION	TRELATED TO THE	E TERMIN	AL		**********	
CERTIFICATION	A. DATE OF OPERATION	N 198 CONE	TON FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE	FINDINGS CONSIDERED
E .	A ACCIDENT WAS I	IND SELVING CO			no	528111110 63	outs of DEATH
_ 0	A. ACCIDENT WAS IN CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	CAUSE OF		21B PLACE OF INJURY (e.g., in home, form, foctory, street, offi	ce bldg., INJURY OCCUR?	(If In Boltimore	e City, give exact location)
U				etc.)			
1 % 10	FINJURY	(Doy) (Yeor)	(Hour)	21E INJURY OCCURRED  While At   Not While	21F. HOW DID IN	JURY OCCUR?	1
(4	PPROX.)			Work At Work			
22	2. I certify that (I) (	this hospital)	attende	d the deceased fram	1-10	19 5 8 to 8	19 7/
th	at (1) ( last saw	the deceased	alive o	in	19_7/and ti	hat in (my) (***) apli	nion death occurred on the date
Q1	nd haur and from the	e causes state	d abaye	(I) (#2) (did) (did=51) vi	ew the body after death.		
23	A. SIGNATURE	1000					23B, DATE SIGNED
1 4	Mfsul)	()om	an	DEGREE Phys.	ding Med. Director	Staff Phys.	8-9-71
23	C. PHISICIAN'S NAME (Typel		1		D. ADDRESS		
	Dr. A. G.	. Ossman	1, J	r. M.D. DEGREE	1101 St. Par	al St.	
24A. 1	TEMOVAL (Specify)	248. DATE	240	NAME of CEMETERY OF CREA	MATORY 24D. I	OCATION (Cit	y, town, or county) (State)
-	rial	8-11-7	1	St. Mary's Go	vans Ba	altimore,	Maryland
25A. I	DATE REC'D BY HEAL	TH DEPT.	258. NAN	E OF REGISTRAR	2SC. FUNERAL DIRECTOR	R Sona Co	LOOF Vonle Rd
H	DE 9 13/1	Valent &	Val	See M.D. U.	H.W.Jenkin	Baltimore	4905 York Rd. Md. 21212

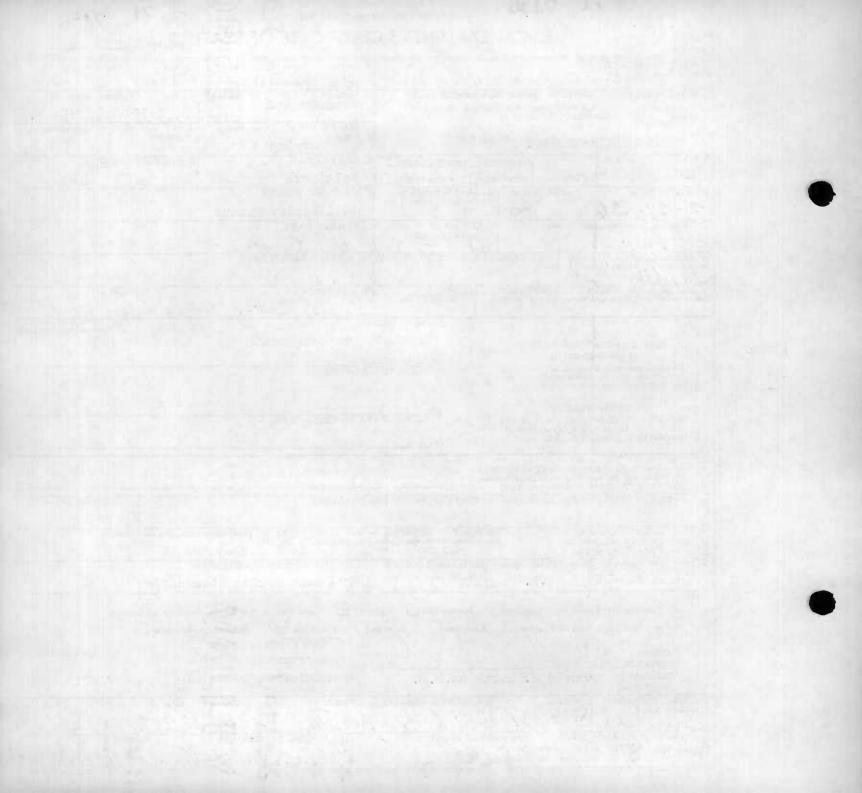


	M-620 71 7	À55		HEALTH DEPARTMENT	REG. NO	71	7455	
В	KIT NO,	400	CERTIFICA	TE OF DEATH	KEG. NO			
	NAME OF DECEASED	3.6			ND HOUR OF DEATH		0 0	
3.	Mary Theresa	HERE PRONC	UNCED DEAD	Aug.	7, 1971	stilulion and	8 14	м.
Ш				A. STATE & COUL	NTY	1 /	A D	011/
H	ULL NAME OF (IF NOT IN HOSPIT OSPITAL OR ADDRESS OR LOCA ISTITUTION	ATION)	TUTION, GIVE STREET	C. CITY OR TOWN	D INCH	DE CITY LIA	AITC2	
	d			Baltimore	D. 114311	YES 🕅	ио П	
0	4230 Loch Raven	Blvd		E. STREET AND NUMBER		253		
5	SEX 6. RACE			506 Cathedr				
	F W	1	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under Months	Tr. If Under 24 H Doys Hours Min.	lis.
10.	A. USUAL OCCUPATION (Give kind of work	WIDOWED		9-3-1887 11. BIRTHPLACE (State or fore	83	110 0000		
do	ne during most of working life, even if retired)						N OF WHAT COUNT	TRT?
	Ret. Seamstress	Sewi	ng	Baltimore, N		USA		
				14. MOTHER'S MAIDEN NA				
15.	Ambrose Mayers Was Deceased Ever In U. S. Armed Fore	?	1 6. SOCIAL	Mary Ellen S	strausbaugr			
(Ye	is, no or unknown) lit yes, give wor or dole	s of service)	SECURITY NO.	17. INFORMANT	1 D 122 1		ADDRESS Blv	
L	no		216-09-6823	0	et Reilly L	1230		
NOI	DISEASE OR CONDITION DIR  LEADING TO DEATH  (This does not mean the mode of heart failure, asthenio, etc. It means injury or complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A)  UNDERLYING CONDITION lost.	dying, e.g., the disease, death.)  any, giving stoling the	(B)	SCIONOTICE C SE A CONSEQUENCE OF:	LV Dise	2.70	APPROXIMATE INTERVAL	
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1994 DATE OF OPERATION 1198 CONE WAS PERF	MINON FOR	WHICH OPERATION	20A. AUTOPST? (Yes or No	208. IF YES, WERE FI	NDINGS C	ONSIDERED	_
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B horr elc.	PLACE OF INJURY (e.g., in e, form, factory, street, affi	or about 21 C. WHERE DID	(If In Boltimore			
MEDI	21D.TIME (Month) (Doy) (Teoi) OF INJURY (APPROX.I	Wh Wo		₩ .	URY OCCUR?			
	22. I certify that (I) (Nie-hospital) that (I) (Ne) last saw the deceased	attended t	he deceased from	K7 1"	19 7 / to at In(my) ( <del>our) o</del> pin	tuc	7 197/	
	and have and from the causes state	d gbave. (I	(did) (did not) vi		in(m), (ooi) opin		occorred on the de	314
	23A SIGNATURE	1		,		23B, DATE	SIGNED	-
0	will do	wille	A C Doegree Phys.	ding Med.	Stoff Phys.	8	9-71	
	23C.PHTSICIAN'S NAME (Type)		DEGREE	3D. ADDRESS		<u> </u>	4 - //	
	Dr William H	Fustir	1g DEGREE	4230 Loch Ra	aven Blvd.			
24/	REMOVAL (Specify) 248. DATE		AME of CEMETERY OF CREA			, town, or i	county) (Stotel	_
	Burial 8-11-7	- 0.0	v Cathedral	Cem. Ba	ltimore.	Mar	vland	
25/	AUG 9 1971 Page	ZAR WANTE C	REGISTER	H.W. Jenkins		4905	ADDRESS	— 13
VS	150-REV. 1/1/68					more,	Ma. CIC	<u> </u>



7456

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
I. NAME OF DECEASED (Type or Print) WILLIAM BELLE (Be/1)	2. DATE Known Manth Day Year Hour OF DEATH Estimated Manth Manth
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION	3. DATE Month Day Year Haur PRONOUNCED DEAD August 3, 1971 9:54 P. M.  5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
JOHNS HOPKINS HOSPITAL	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES NO
9. DATE OF BIRTH 10. AGE (In years   # Under 1 Yr.    Under 24 Hrs.    Wonlhs    Doys    Hours    Min.	E. STREET AND NUMBER
11. BIRTHPLACE(State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give war or dotes al service)  17. SOCIAL SECURITY NO.	18. INFORMANT Bell 14/2 Darley Que.
LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenio, etc., it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Le gunshot wounds
	yes
UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.    CAUSE OF DEATH.   Colory, sireet, office	In or obout 22C. WHERE DID (If in Boltimore City, give exact location) bidg, etc.) INJURY OCCUR?  1408 Darley Avenue  22F. How DID INJURY OCCUR?  Shot during altercation
actual Signature Ronald N. Kornblum, M.D.  Name (Type)  Inspection Autority Inspection Inspec	CHIEF MEDICAL EXAMINER DATE SIGNED
24A. BURIAL CREMATION, REMOVAL (Specify) 8-9-71 Int. Calusa	y Cometer a. a. County med.
AUG 9 1971 Robert E. Tarber M.A.	25c. FUNERAL DIRECTOR ADDRESS Click, Stancel Home 12 9N. Chislin St



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES [ NO X if Under 1 Yr. Months: Days if Under 24 Hrs. Hours i Min. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CCIDE 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exect location) and that In (my) (our) opinion death occurred on the date 23B, DATE SIGNED (City, town, (Stote) ADDRESS



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

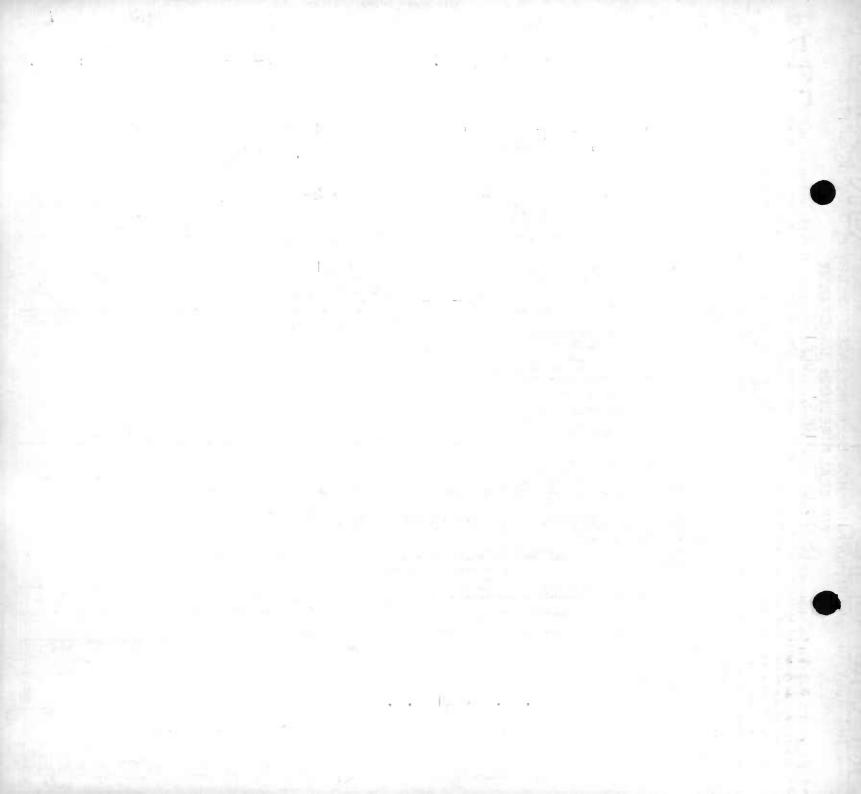
6		771 74	158	BALTIMORE CITY	HEALTH DEPARTMENT		17/4 20 450
	1-12	017 1	400	CERTIFICA	TE OF DEATH	REG. NO	71 7458
	M'NO.	EASED			la. DATE	AND HOUR OF DEAT	Н
Тур	o or Print)	Edward Davis	s St			8-7-71	1 4A.M.
3. [	LACE IN BALT	TIMORE MARYLAND,			A. STATE B. CO	here deceased lived. If	institutions residence before admission
FUI	LL NAME OF	IIF NOT IN HOSE	PITAL OR INS	TITUTION, GIVE STREET	Maryland		1004
IN S	NOTUTION				c. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
-	37	Mercy Hospi	ital		E. STREET AND NUMBER	ddle Street	162 110
5. \$	EX	6. RACE	7. ALADDIE	D A NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	M	N	WIDOWI		3-1-20	lost birthery	Manths Days Hours Min.
				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IStole or	oreign country)	12. CITIZEN OF WHAT COUNTRY?
lope	relating most of w	working life, even if refired	L	aborer	South Carol	ina	U.S.A.
3. 1	FATHER'S NAN	ME	13484		14. MOTHER'S MAIDEN N	AME	m/ a may
	Charles	s Davis			Minnie Gree	n	
5. 1	Was Deceased	Ever in U. S. Armed	Forces	1 6. SOCIAL	17. INFORMANT		ADDRESS
	Le.	at yes, give wat or a	dies of solvice	SECURITY NO.	maari	, Derie o	1028 B. Zello St
	18. // 2	/ 1		CAUSE OF DEAT	H	1 KVW2RCZO C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION	DIRECTLY		Pneumonia		
	100.7	LEADING TO DEAT		(A) IMMEDIATE CAU	ISE		8 days
	heart failure,	ot mean the mode astheria, etc. it mea	ins the disect	DUE TO, OR AS	A CONSEQUENCE OF:		
		plication which caus				2.1.	
		ANTECEDENT CAUS		(8)		with metatas	is ?3 yrs.
		R CONDITIONS, it			A CONSEQUENCE OF:		
		CONDITION last.		(c)			
		11					
ဉ်		ICANT CONDITIONS C H BUT NOT RELATED TO					
S	DISEASE OR CO	ONDITION GIVEN IN P	PART I (A).		20A-AUTOPSY? (Yes or	Nol 208 IF YES WER	E FINDINGS CONSIDERED
CERTIFICATION	21	WAS P	ERFORMED	R WHICH OPERATION	465	IN CERTIFYING	E FINDINGS CONSIDERED AUSES OF DEATH?
	21 A. ACCIDEN OR CONTRIBU DEATH (notify	NT WAS UNDERLYING TING CAUSE OF		ITB. PLACE OF INJURY le.g., i lome, form, factory, street, of steal			ore City, give exact location)
MEDICAL	21D. TIME	(Month) (Day) (Yes	ar) (Hour) 2	TE INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
ME	OF INJURY			While At   No! Whil	• 🗆		
		1 1/411 1 1		Work At Work	7 - 30	20 =7 / .	7-7 10 71
	/			The deceased nom	/		
		last saw the decea		/			pinian death accurred on the date
		from the causes s	itated abave	(1) (We) (did) (did not) v	lew the body after deat	h•	
							1228 DATE SIGNED
	23A. SIGNATU		R	Atte	ending Med.	Staff	238 DATE SIGNED
	23A. SIGNATU	affacts	R	DEGREE Phy	s. L. Director L.	Staff Phys.	Bug 7-1971
		affacts	R	DEGREE Phy	miding Med. Director  230. ADDRESS	Staff Phys.	23R DATE SIGNED  Aug 7-1971
,	23A. SIGNATU MIA SC. PHYSICIA NAME CL	Affacts 14067 17	R	DEGREE Phy	23D. ADDRESS		Bug 7-1971
,	23A. SIGNATU	influence  AUST TO  MATION 228 DATE	1 LEG	DEGREE Phy DEGREE NAME OF CEMETERY OF CRI	23D. ADDRESS		City, town, or county! (Stote)
,	23A. SIGNAFU 28C. PHYSICIA NAME CI NAME CI REMOVAL IS	MATION, 24B, PATE Specify)	1/2/	DEGREE Phy DEGREE NAME OF CEMETERY OF CRIT	ematory Pack 24D	. LOCATION (	Gity, town, or county! (Stote)
,	23A. SIGNAFU 28C. PHYSICIA NAME CI NAME CI REMOVAL IS	MATION, 24B. DATE Specify) BY HEALTH DEET.	1/2/	DEGREE Phy  DEGREE  DEGREE  NAME OF CEMETERY OF CRI  LE OF REGISTRAR	23D. ADDRESS	. LOCATION (	Bug 7-1971



11.	T-615	BALTIMORE CITY	HEALTH DEPARTMENT	1-	71
- 1 ←	BIRTH NO. 71 7459	CERTIFICA	TE OF DEATH	REG. NO.	7459
	TRYING ST.		2. DATE A	ND HOUR OF DEATH	5. 0
	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE Wh.	ere deceased lived. Il institu	tion: residence beloro admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	3772	JARYLAND	. 1511
11	LutheRAN HOS	pital	BAITIMON	D. INSIDE (	S P NO
	+ BAltimorle,	md.	E. STREET AND NUMBER	ARMAN	Ave
5.		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years II last birthday)	Under 1 Yr., If Under 24 Hrs.
	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF	DIVORCED BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore	eign country) 12	CITIZEN OF WHAT COUNTRY?
d	one during most of working life, even if refired)	nelm	Missi,		71.5
1:	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0,10
15	. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	nun	
lla.	es,no or unknown) (II yes, give wor or dotes of service)	SECURITY NO.	ANNIE	IRVINS	(SAME)
	18./62./	CAUSE OF DEATH		32/7///	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		OF TO	1 4 1	BETWEEN ONSET AND DEATH
	IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAU DUE TO, OR AS A	CONSEQUENCE OF:	piratory UB	Joens
	injury or camplication which caused death.)  ANTECEDENT CAUSES	1 00	1	0	1
	DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	ren, metasta	a k
	rise to the above cause (A) sloting the UNDERLYING CONDITION tast.	(c)	0 0		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	10000000000000000000000000000000000000		************************	
CERTIFICATION	194-DATE OF OPERATION 198. CONDITION FOR WH	IICH OPERATION	20A. AUTOPSY? (Yes or N	10 20B, IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
ZAZ	OR CONTRIBUTING CAUSE OF home, DEATH inosity medical examines	ACE OF INJURY (e.g., in form, foctory, street, offi	or about 21 C. WHERE DID	(if in Bollimore City	, give exoct location)
MEDI	OF INJURY	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	(IAPPROX) Work	At Work			
	22. 1 certify that (1) (this hospital) attended the that (1) (we) lost sow the deceased alive on	deceased from	19 7/ and th	19 7/10 8/	3 19 7 /
	ond hour ond from the couses stated abave. (1) (	(We) (did) (did not) vi		at in (my) (out) objujou	death accurred on the date
	23A. SIGNATURE	M.D. Atten		110 -	DATE SIGNED
	23C.PHYSICIANS NAME (Type)	DEGREE Phys.	Director L	Stoff Phys.	8/3/11
	LOUND SOOK !	KIM M.D.	Lytheran	Hosp, 0) 1	rankand
24	A. BURIAL CREMATION, 248. DATE 24C. NAM	E of CEMETERY OF CREA	AATORY 24D. Le	CATION (City, to	wn, or equityl (Shale)
25	A. DATE REC'D BY HEALTH DEPT.  258, NAME OF	RESIDENCE D	25C. FUNERAL DIRECTOR	7. 9. Com	ty mu.
	AUG 9 1971 (4866) E. 40	uber of the	Early CB 20	unual Home	- A297) Cardin
VS	150-REV. 1/1/68				



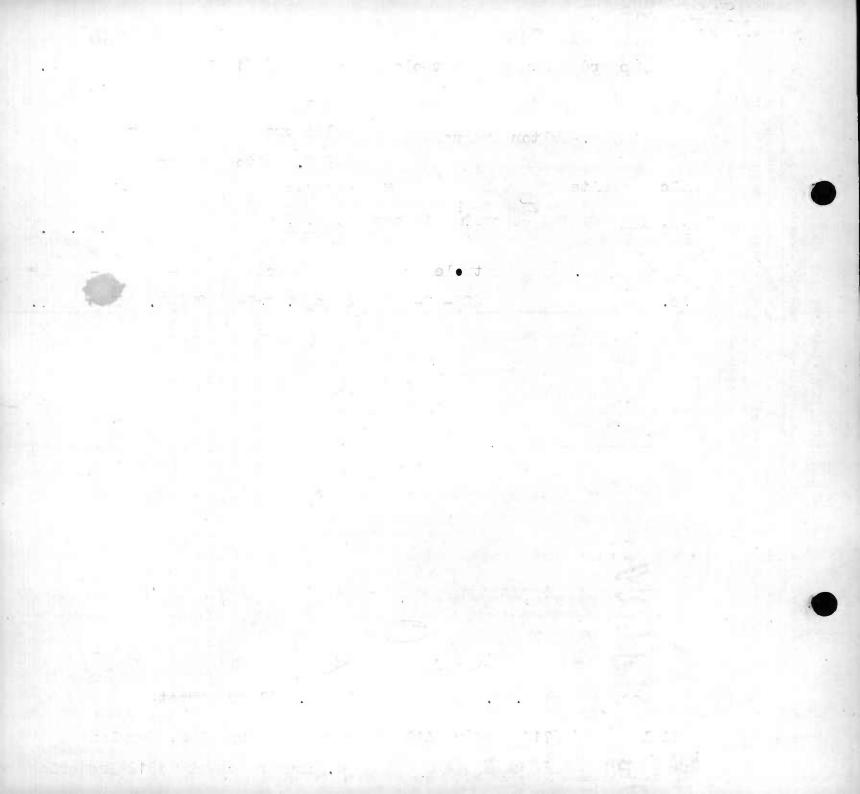
BALTIMORE CITY	Y HEALTH DEPARTMENT
BIRTH NO.	TE OF DEATH RES. No. 7460
1. NAME OF DECEASED (Type or Print)	2, DATE AND HOUR OF DEATH
SIMON HOPKINS, SR.	08-06-71 10:45 P.M.  THE USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY  MARYLAND  MARYLAND
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
THE JOHNS HOPKINS HOSPITAL	BALTIMORE YES NO
BALTIMORE, MD 21205	307 N. CENTRAL AVE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE IIIn years If Under 1 Yt. If Under 24 Hrs. Months! Days Hours : Min.
MALE NEGRO WIDOWED DIVORCED	06-02-13 58
IOA USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even it refired) Pavict Soxi Fransken Co	CoLumbia S.C. 265
13. FATHER'S NAME	14. MOTHER'S MAIDEN NÂME
TOM HOPKINS	MELISSA
15. Wee Deceased Ever ie U. S. Armed Forces? (Yes, no or unknown) [Uf yes, give war or dates of service]  16. SOCIAL SECURITY NO.	MRS Velen Nopkins 307 91 Contract
9185 WWII 314-05-0824	MKS NELEVI NOPILIA 30/ HIGHMAL
CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)MMEDIATE CA	A CONSEQUENCE OF:
uagut idilate' gettietiid' etc' il tileque me dizenze'	A CONSEQUENCE OF:
Injury or complication which caused death.)	
ANTECEDENT CAUSES	A CONSEQUENCE OF
	S A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	nilling Bansis
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED  U 21A-ACCIDENT WAS UNDERLYING 1  21B-PLACE OF INJURY 10-52-	20A AUTOPSTY (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A-ACCIDENT WAS UNDERLYING 21E. PLACE OF INJURY 10-9, home, form, fectory, street of DEATH (notify medical examined)  21D-TIME (Month) (Day) (Yes) (Hour)  21E. INJURY OCCURRED While At The Not White At The Not	in or obout 21C. WHERE DID (II In Baltimore City, give exact location) (II In Baltimore City, give exact location)
OF INJURY   Month) (Doy) IYesi) (Hous) 215, INJURY OCCURRED	216 HOW DID INJURY OCCUR?
IAPPROX.)   White At   Not White A	
22, I certify that (I) (this hospital) attended the deceased from	. 7//7 197/ ta 9/6 1971
that (I) (we) last sow the deceased alive on 8/6	19
and hour and from the causes stated above. (1) (We) (did) (did not)	
23A. SIGNATURE	238, DATE SIGNED
DEGREE Phy	ys. Director Phys. D
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	ZSD. ADDRESS
Lhtrn R. H. RIZZI M. D.	Johns Henkins Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CE	Johns Henkins Hospital REMATORY 24D, LOCATION (City, lown, or county) (Stole)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CORNECT PRINCIPLE	Tohns Hospital  REMATORY 24D, LOCATION (City, town-or county) (Stotel  M PK Launel Md.
24A. BURIAL CREMATION, 24B. DATE 24C, NAME OF CEMETERY OF CE	Johns Henkins Hospital REMATORY 24D, LOCATION (City, town, or county) (Stotel



(1-360)	BALTIMORE CITY	HEALTH DEPARTMENT		Intelligence of the second
икти но. 71 7461	CERTIFICA	TE OF DEATH	Registered Na	71 7461
A.E. CASE NO.  NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print) NARANAL	2 V. ( 0017	hor	1 2/7/	7 9'
PLACE OF DEATH IN BALTIMORE, MARYLAND	1 0001	4. USUAL RESIDENCE (When	e deceased fived. If inst	titution: residence before odmissi
		A. STATE B. COUN	TY .	010
FULL NAME OF (If not in hospital or institut	ion, give street			701
INSTITUTION Saddless of location/		C. CITY OR TOWN (If out	side city limits, write RL	JRAL ond give Township)
	1 0115	BALIO		
1314 HOMEWOO	of MIK'	1 1	rurol, give location)	11/2
1911	7	13/4 Mam	E Wood	HVK
	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours Mir
M. C.	MARRIED	11/20/34	36'	3073 110013
DA. USUAL OCCUPATION (Give kind of work 108, KIN)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF
on fluring most of working life, even if retired)	ESTAURAN	1/0.		WHAT COUNTRY?
	r allakuh	14 MOTHEMS MASTER	A.F.	
3. FATHER'S NAME	/	14. MOTHER'S MAIDEN NAM		
White Coulh	27	ORENE	CWENS	
. Was Deceased Ever in U. S. Armed Forces? es, no or usknown) (If yes, give wor or dates of servi	16. SOCIAL	17. INFORMANT		ADDRESS
yes, give wor or doles of servi	227-42-6469	E110 (0017)	er 1314 F	tomewood F
18. / 3.0 %	D. V. /	F DEATH	C. 121111	INTERVAL BETWEEN
1///0	CAUSE	- PEAIN		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	mi	elautertin		
(This does not mean the mode of dying,	e.q., DUE TO	anungum	444000000 u u udam wa a u u umu u ya gayaya a y u	
heart foilure, asthenia, etc. It means the dise	ose,	the carcinon	0.4	. 44
injury or complication which coused death,)	north	Ale corning	ra of liner	6 months
ANTECEDENT CAUSES	DUJE 10		71	
DISEASES OR CONDITIONS, if ony, gi	All Control of the Co			
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	lhe (C)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING			
TO THE DEATH BUT NOT RELATED TO	THE			
19A DATE OF OPERATION 119B CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No		NDINGS CONSIDERED
DZ/28/71 WAS PERFORMED	SMOR.	NO.	IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	mee bidg., INJURT OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	215 HOW DIE 1911	LBY OCCUP?	
OF INJURY	While At Not Whi	21 F. HOW DID INJ	OK! OCCUR!	
(APPROX)	Work At Work			
22. I certify that (I) (this hospital) attend	ed the deceased fram	rucy 1970	9 ta 7/2	3/7/ 19
that (1) (ast saw the deceased alive	01-2101			ian death accurred an the
	/		ar in (my) (apper upin	ion dearn accorred an the
and haur and fram the causes stated abay	e. (I) (We) (did) (did nat)	view the bady after death.		DATE CLOSUS
23A. SIGNATURE	0	anding =		23B. DATE SIGNED
Tobert 8h. / SEax	Keey M.D. Att	ending Med. Director	Stoff Phy s.	816/7/
23C/PHYSICIAN'S		23D. ADDRESS		
ROBERT M BEAZLE	M.D.	UNIVERSITY F	fospital - RA	170 11 40.11 2.1
Modelet . Ourice	C. NAME of CEMETERY OF CR		9 511	UIO MINYCHN
REMOVAL (Specify)	C. HAME OF CEMETERS OF CR	1 A To 1 /	CATION City	, town, or county) (Stot
DUKIAL 8/7/7/	Wil ( 19/1)	TKY HI	MINOR. II	· M al
0.110 a amenda O a	ME OF REGISTRAR	250. FUNERAL DIRECTOR	PIOS	ADDRESS
AUG 9 1971 (16 Bank E. Ja	Lieu Man	sant the	hody &	130411 ( Duntan)
\$ 150-REV. 1/1/65	(	477		



1//	À		BALTIMORE CITY	HEALTH DEPARTMENT		
14.340	) inch	<b>-</b> .00	CERTIFICA	TE OF DEATH	REG. NO.	
BIRTH NO.	/1	7462	CERTIFICA		ND HOUR OF DEATH	7462
(Type or Print)	CEASED				1	
2 DI ACE IN DA	Howard		Heatwole	14 USUAL RESIDENCE (W		institution: residence before admission)
3. PLACE IN BA	LIMORE MARILAND,	WHERE PRONOUN	CEO DEAD	A. STATE B. COL	INTY	10:03
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOS	PITAL OR INSTITUTI CATION)	ION, GIVE STREET	c. CITY OF JOWN	D. IN	SIDE CITY LIMITS?
INSTITUTION				Baltimore		YES-T NO
00	205 S. Fu	lton Ave	nue	E. STREET AND NUMBER		
				205 S. Ful	ton Avenu	e
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male	White	WIDOWED	DIVORCED E	11/8/86	84	
IOA, USUAL OCC	UPATION (Give kind of w	ork 108. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Minis	f working life, even if retired ter	Jehova	hs Witness	Virginia		U. S. A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
				_		
Hugh	d Ever in U. S. Armed	Heat	W● Le 6. SOCIAL	Laura 17. INFORMANT		ADDRESS
(Yes, no or unknow	n) (If yes, give wor or d	oles of service)	SECURITY NO.			No. of the last of
No.		2	20-22-8886	Jane R. Ha	205	S. Fulton Ave.
18.4/	2.31		CAUSE OF DEAT	1	heart	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION		CILLER	in sale ant	Tir a	1 100.5
	LEADING TO DEAT		(A) IMMEDIATE CAL	ISE JC LETOV	1000	sle Juts
	nal mean the made , asthenia, etc. It mea		DUE TO, OR AS	A CONSEQUENCE OF:		
	mplication which caus		De ~			
	ANTECEDENT CAUS	ES	ola	ope		
DISEASES	OR CONDITIONS, i	f any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise la Il	ne abave cause (/					
UNDERLYIN	IG CONDITION last.		(C)			
7	ll ll		0 1			
	IFICANT CONDITIONS ( ATH BUT NOT RELATED TO		MOFF	i'c Onaec	rysu	
	CONDITION GIVEN IN F	PART 1 (A).	AICH OBERATION	20A. AUTOPSY? (Yes or	Vall 208 IE VES WED	E EINDINGS CONSIDERED
19 A. DATE O	WAS P	ERFORMED	TICH OFERATION	ZUAL MUTURSI (Tes of	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CA 21A ACCIDI	ENT WAS UNDERLYING	218 0	ACE OF INITIDY (e.g.	n or obout 21 C. WHERE DID	(If in Bolton	ore City, give exact location)
OR CONTRIB	UTING CAUSE OF	home,		fice bldg., INJURY OCCUR?	(11 11 0011111	ore only, give exact totalism
U	y medicol exeminer)					
OF INJURY	(Month) (Doy) (Ye		NJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
(APPROX.)		While	At Work	e 🗆 / _		1.
22 1 cortifi	y that (1) (this hospi		deceased from	0/24	19 7/ to 8	197/
			6/2	19 7 and		pinion death occurred on the date
	last saw the deced					printed deeth occurred on the dote
		toted obave. (1)	(We) (did) (did not) v	iew the bady ofter death	•	
23A. SIGNAT	URE O	1/0	0	-1:-5/ 14-4		23B. DAVE SIGNED
1	1 th	00	GEGREE Phy	nding Med.	Staff Phys.	13/1/1
23 C. PHYSICI	AN'S			23D. ADDRESS		
NAME (	eorge Vasi	h M. D.		206 S. Gil	mor Stree	t
	EMATION, 24B. DATE		AE of CEMETERY of CRI			City, town, or county) (Stote)
REMOVAL	(Specify)					
Burial				metery	Brooklyn,	Maryland
ALIC O	BY HEALTH DEPT.	25B, NAME OF	REGISTRAR	2SC. FUNERAL DIRECTO		ADDRESS
AUG 9	13/1 Usaber	و در العدلاقي	MA !!	Au Alpumar	Schwab	3512 Frederick A
VS 150-REV. 1/1	/6 B					



NO C

ADDRESS

BETWEEN ONSET AND DEATH

10 days

YERA

(Stote)

ADDRESS

IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

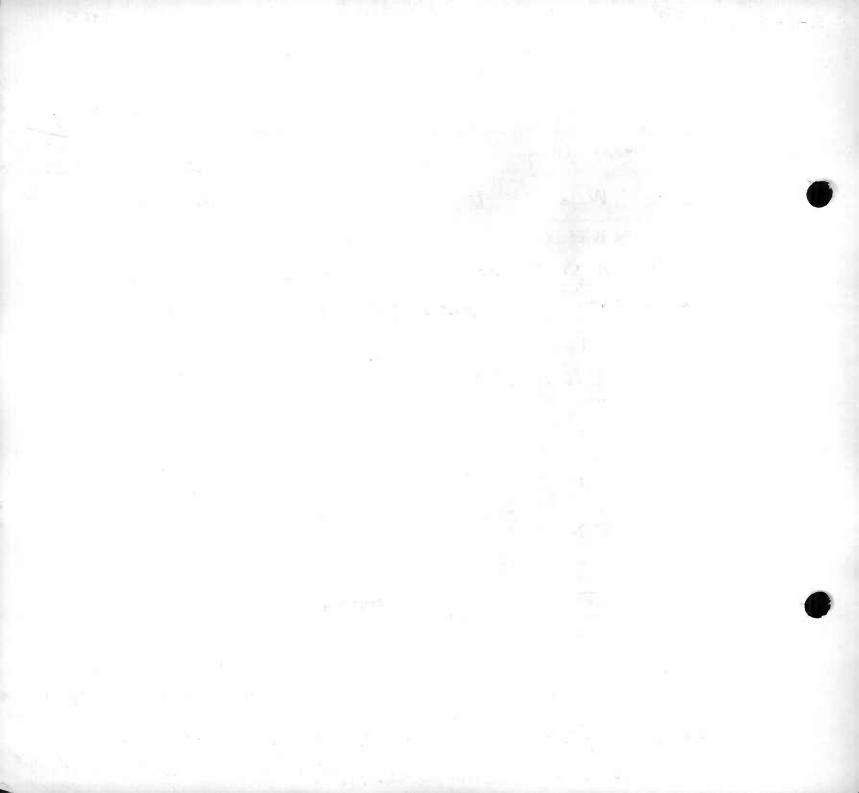


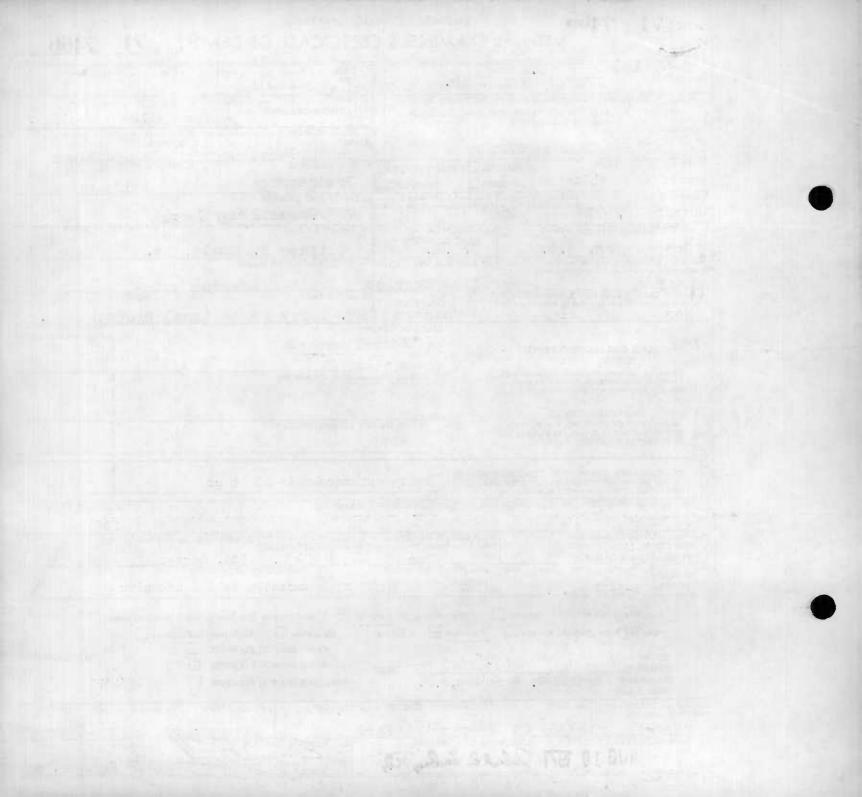
FUNERAL DIRECTOR: IMPORTANT

16-6	32					HEALTH DEPART		71	7464
BIRTH I	NO.	71	7464	CERT	<b>IFICA</b>	TE OF DEA	ATH RI	EG. NO	7401
1. NAM	E OF DECEA	SED	7 2			2,	DATE AND HOUR	OF DEATH	
(Туре о	J.	AMES	Bridge	5,			8-5-7	/	
3. FLA	CE IN BALTIA	ORE MARYL	AND, WHERE	RONOUNCED DEAD		4. USUAL RESIDEN			tion: residence before admission)
FULL N HOSPIT	NAME OF	(IF NOT IN ADDRESS C	HOSPITAL OR	INSTITUTION, GIVE S	TREET	Md.		D. INSIDE	52 00
		Com	the Bal	t. How. A	asp.	Glen 4	BUYNIE		мом г
4	3	5,700				E. STREET AND N	UMBER		Name of the latest and the latest an
S. SEX	M	RACE	WID		RCED	2/10 /189	5 9. AGE (Ir	77/	Under 1 Yr. II Under 24 Hrs. onths Doys Hours Min.
toA. USI	UAL OCCUPA	ATION (Give kin- king life, even if	d of work TOB, KI	ND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Se	ote or foreign country	) 12	CITIZEN OF WHAT COUNTRY
00110 001		maru		etired		Inflow	of	1	1151
13. FATI	HER'S NAME	rquo		03/1/20		14. MOTHER'S MA	IDEN NAME		0.0.71.
	UNKN	DON				D.V.			
5. Wos			ned Forces? or dotes of se	1 6. SOCIAL		17. INFORMANT	N	<del>_</del>	ADDRESS
4 /		yes, give wor	or dotes of se			DA D	rina.		01 21
18.				214-18	OF DEATH	781 NOU	NE	233	
10.	DISCASE	01 00110171	011 5/55 6-14		OF DEATH	1.	. /	^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ADING TO D	ON DIRECTLY	/1/1 A	SSIYC	Vilmoni	er Ha		1/
(Thi	is does not	mean the m	nde al dvina		EDIATE CAU	SE W//// V//O CONSEQUENCE OF	14/16	nmkag	V HOLAN
heo	ori foilure, asi	henia, etc. It	means the di	ease,	10, 0K A3 /	CONSEQUENCEOF	h Left	Lung	
,-		TECEDENT C			1	//	()11 -	1	Theele
DIS			S, il any,	(B)	as cus	A CONSEQUENCE O	Ulbul Ma	115/	ammount
rise	lo the	above cause	(A) sloling	The	IO, OR AG	A CONSEGUENCE O	r:	/	
UN	DERLYING C	ONDITION	ost.	(c)		***************************************	······································		
_		- 11							
A DISE	IER SIGNIFICA THE DEATH B	NT CONDITION	NS CONTRIBUED TO THE TERM	ING					
DISE	ASE OR CON	DITION GIVEN	IN PART 1 /AL.	FOR WHICH OPERAT		1004	/ 1) 1	***************************************	*****
194	DAIE OF OF	ERATION 19	AS PERFORMED	FOR WHICH OPERAT	ION	20A. AUTOPSY?	res or No) 20B, IF	YES, WERE FIND	INGS CONSIDERED OF DEATH?
21 A	ACCIDENT	WAS HNDERL	VINGE	218 BLACE OF INI	tiny/o = io	as should C Milian	F DID		
OR DEA	CONTRIBUTION	WAS UNDERL	OF C	home, form, foctory	, street, oil	or about 21 C. WHER	CCU K?	I In Bollimore Cit	y, give exoct location)
U									
21 D.	TIME (N	lonth) (Doy)	(Yeor) (Hour	0.00			DID INJURY OCC	J R?	
(API	PROX.)			While At	Not While At Work				
22.	I certify the	ot (1) (this ho	spital) atten	ded the deceased	fram	6/26	19 //	0 5	5 - 1071
			eceased alive		7-	197/	and that in (mu)	(our) aninian	death accurred on the date
1				ve. (1) (We) (did) (	د. کمت ادال	77		(out) aprillar	death accoured on the date
23A.	SIGNATURE	om the cause	/ sidled dod	ve. (1) (ne) (ala) (1	ald hat) VI	ew the bady after	death.	1028	DATE SIGNED
15	Till	. A 1	1.11.	17	Atter	iding Med.	☐ Shaff ☐	238	Chie Im
23C	PHYSICIANS	MA TY	Ttel	We D	EGREE Phys.		or Phys.		8/7///
	PHYSICIAN'S NAME (Type		/ //	-	2	3D. ADDRESS	1 18	10 1	.///
1/	uchc	va t	11/12	11/	DEGREE	Ob Cherry	class 7	tell Bur	me Ma 21061
24A. BU RE/	RIAL CREMA MOVAL (Spec	ily)		4C. NAME of CEMET	ERY of CRE	MATORY	24D. LOCATION	(City, to	wn, or county) (Stote)
B	UrIAL	8.9	7-71	HEN HAUF	V Cen	47	Clew Bur	wie	MAY/paid
2SA. DA	TE REC'D BY	HEALTH DEP	258_N	ME OF REGISTRAR		25C. FUNERAL D	IRECTOR	1	ADBRESS
	M	ag TI	13/1 1/6	Best E. Jabe	KA	Hope 1	CHERAL I	lon- 10	00 Pennington Ho
VS 150-	REV. 1/1/68			7 7 7		111111111111111111111111111111111111111	WW-111-1	IFFI C PEXI	א מען פיען וטקטן

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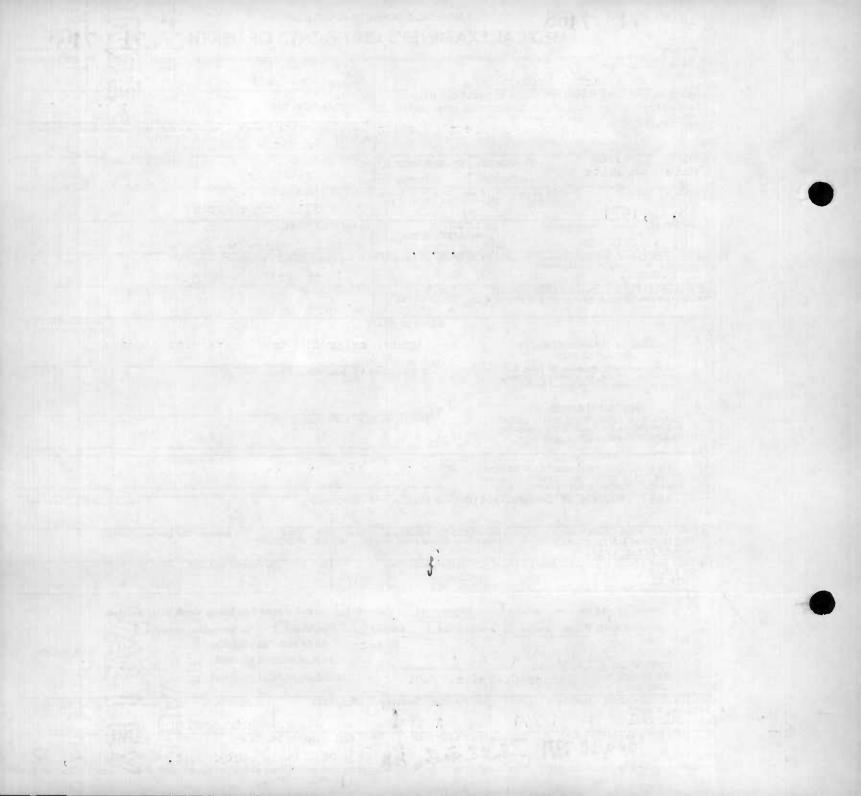




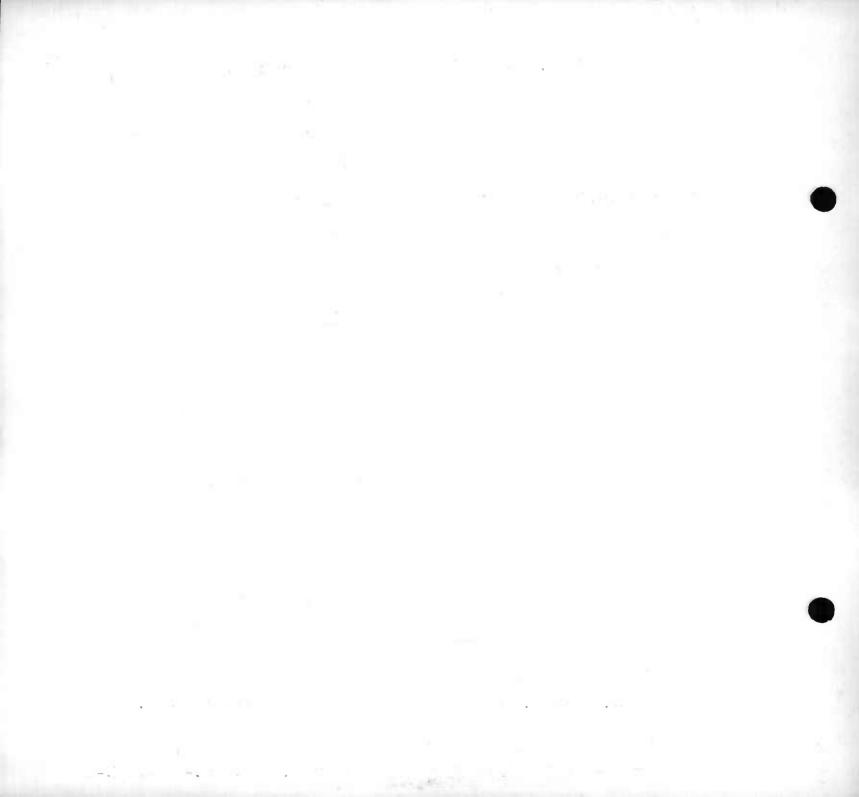
1.1.18	BALTIMORE CITY	HEALTH DEPARTMENT		17/4 19/40	11-9
BIRTH NO. 71 7467	CERTIFICA	TE OF DEATH	REG. NO	/1. /40	) /
Type or Print) JOSEPH BAR BU	ISCA	2. DATE AN	DHOUR OF DEATH	1971 21	+ D
3. PLACE IN BALTIMORE, MARYLAND, WHERE PA	ONOUNCED DEAD	A. STATE B. COUN	e deceased lived. If in	stitution: residence bef	ore admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C. CITY OR TOWN		DE CITY LIMITS?	633
35		E. STREET AND NUMBER	110	YES NO	
SEX GRACE + HOSPITAL		**XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
S. SEX 6. RACE WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	11-07-89	ost birthday	If Under 1 Yr. If Months Days Hou	Under 24 Hrs.
IOA, USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WH	AT COUNTRY
fone during most of working life, even if retired)		Italy		U.S.A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .		
Francis Barbusca		Marv	?		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) ut yes, give war or doles of sen	16. SOCIAL	17. INFORMANT	•	ADDRESS	
No	213-12 95.69	Mrs Lucy Bat	busca	Same	
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	()	,		SET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	ise Whyte	me		
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis-	DUE TO OR AS	A CONSEQUENCE OF:	************************	***************************************	
injury or complication which caused death.)	ASCUD		NH F		
ANTECEDENT CAUSES	ving (B) DUE-TO, OR-AS	A CONSTRUCTION	CH /	*********	*************
DISEASES OR CONDITIONS, if any, gitse to the above cause (A) staling UNDERLYING CONDITION last.	the (c) Calin	ALT OF	i ling d	triass	******
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE PROPERTY OF T	ng Diechete	N William	Ponible	ligitoxiati.	P
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	OR WHICH OPERATION	20A-AUTOPST? (Yes or No)	208 IF YES WERE F	FINDINGS CONSIDERE	D
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID	(If In Boltimore	e City, give exoct locoti	on)
21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	While At Not While Work At Work	21F. HOW DID INJU	IRY OCCUR		
22. I certify that (\$\frac{1}{2}\$(this hospital) attend		7/29	9_7/_ to	8/7	19_7/
that 🗱 (we) last saw the deceased alive	(1)	7/	t in(((() (our) opin	nion death occurred	
and hour and from the couses stated above	e. (We) (did) (did not) v	iew the body after death.			
23A. SIGNATURE	M 11 DL.	nding Med.	Staff Phys.	23B, DATE SIGNED	
23C. PHYSICIAM'S NAME (Type)	1440 140	3D. ADDRESS	1170.		
24A. SURIAL CREMATION, 24B. DATE 24B. Burial 8/11/71	C.NAME of CEMETERY of CRE  St Stanislaus		altimore,	y, town, or county) Maryland	(State)
25A. DATE REC'S STORES	कत्त्राक्षितः भव	25C. FUNERAL DIRECTOR	uck Inc.	ADDRES	
/S 150-REV. 1/1/68	-/- H D D C	1 4 6 6		- TOTHOLE	, rid

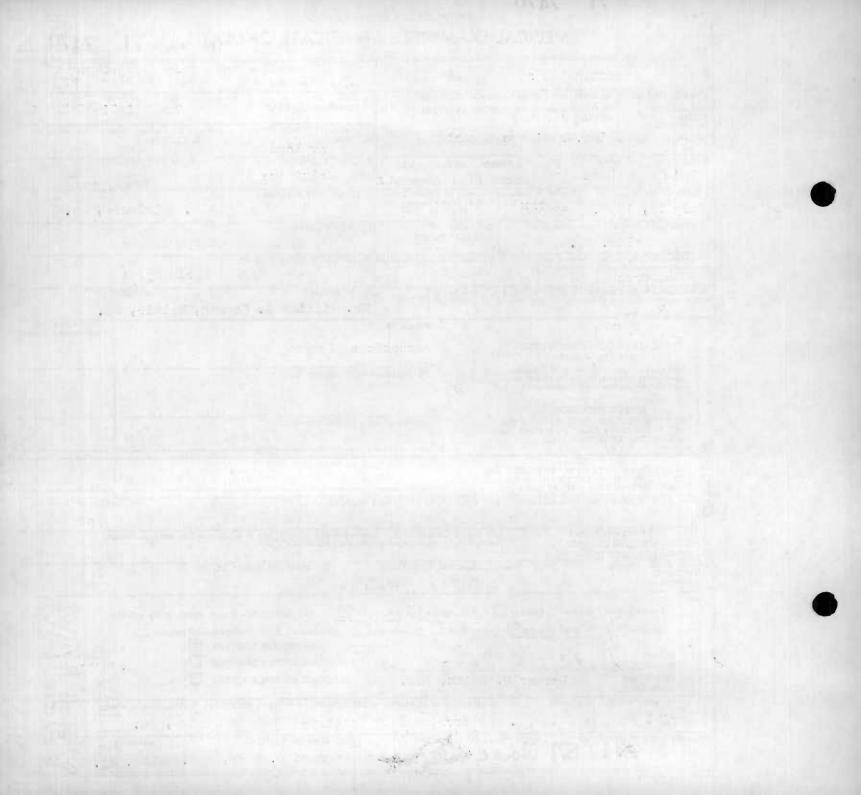
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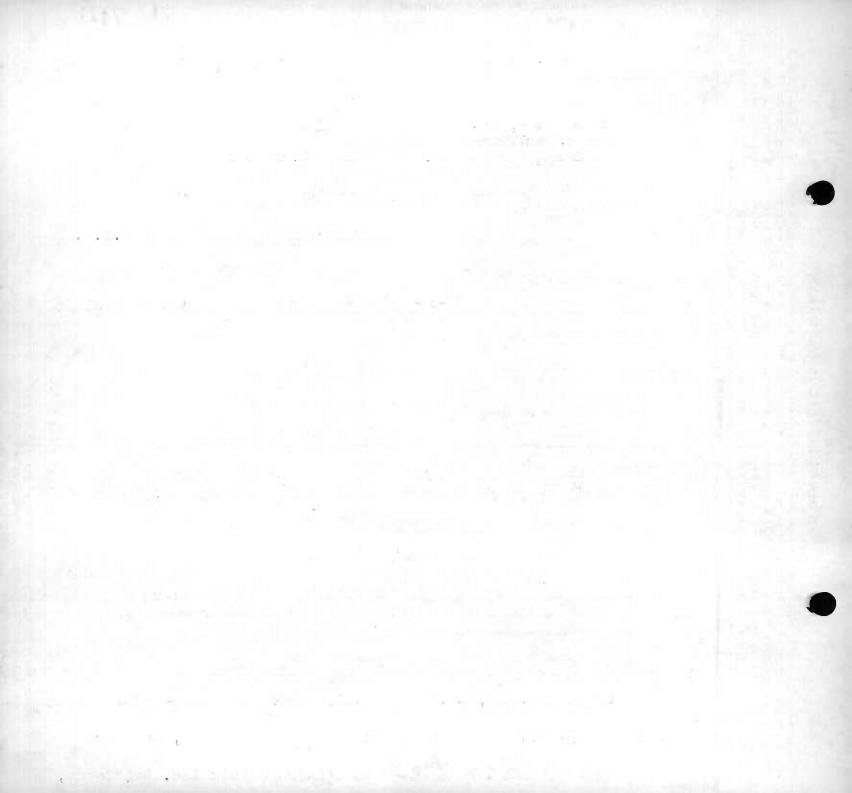
11-616	71. 7469			HEALTH DEPARTMENT	REG. NO	71 7469
I.NAME OF DE		. MEYE	RHOEFFER	2. DATE	and Hour of Deat st 7, 1971	H 2 45
3. PLACE IN BA	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE (W	here deceased lived If	institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT ATION)	TUTION, GIVE STREET	Maryland C. City OR TOWN Baltimore		ISIDE CITY LIMITS?
90 HO	USE IN THE PI	NES BEL	AIRE	E. STREET AND NUMBER 3402 White Av		YES X NO
5. sex female		WIDOWED		6-25-1894	9. AGE (In years lost birthday)	Months Doys Hours Min.
done during most of House	working life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	Virginia	oreign country)	USA
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	OSA
	lin Phillip			Mary Rodei	fer	
15. Was Deceases (Yes, no or unknown NO	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 216 20 2680	17. INFORMANT		RR#2 Tawneytown r Maryland
DISEASES isse to the UNDERLYIN  OTHER SIGNIFORM TO THE DEA	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last.  Il FICANT CONDITIONS CO TH BUT NOT RELATED TO TO	stating the	(C) Dealites	Chroni Urning Tree	rescalar Operation of August.	- divide
DISEASE OR C	F OPERATION 19B. CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF modicol examined	218 hom otc.	ne, farm, factory, street, of	or obout 21 C. WHERE DID	(if In Boltim	ore City, give exoct location)
OF INJURY (APPROX.)	(Month) (Doyl (Year)		INJURY OCCURRED  ile AI Work  At Work	21F. HOW DID II	NJURY OCCUR?	
	thar (1) (this hospital) last saw the decease			6/197/ and	_19 2/ta that In(my) (owr) ap	2) 197/
and have an	d fram the causes stat	ed above. (	l) ( <del>Wa) (did</del> ) (did not) vi	ew the body after death	le .	
23A. SIGNAT	11-nh	ellen /	DEGREE Phys	nding Med. Director	Staff Phys.	23 B. DATE SIGNED
23C.PHYSICIA NAME (1	N'S	Y	dley	4900 Belair		, Md.
24A. BURIAL CRE REMOVAL ( Buria	Specifyl		AME of CEMETERY of CRE Moreland Mer		Baltimore,	City, town, or county! (State)
25A. DATE REC'D	A-UGO 1971	258, NAME (	of REGISTRAR	, 25C. FUNERAL DIRECTO	DR .	alto, Md14



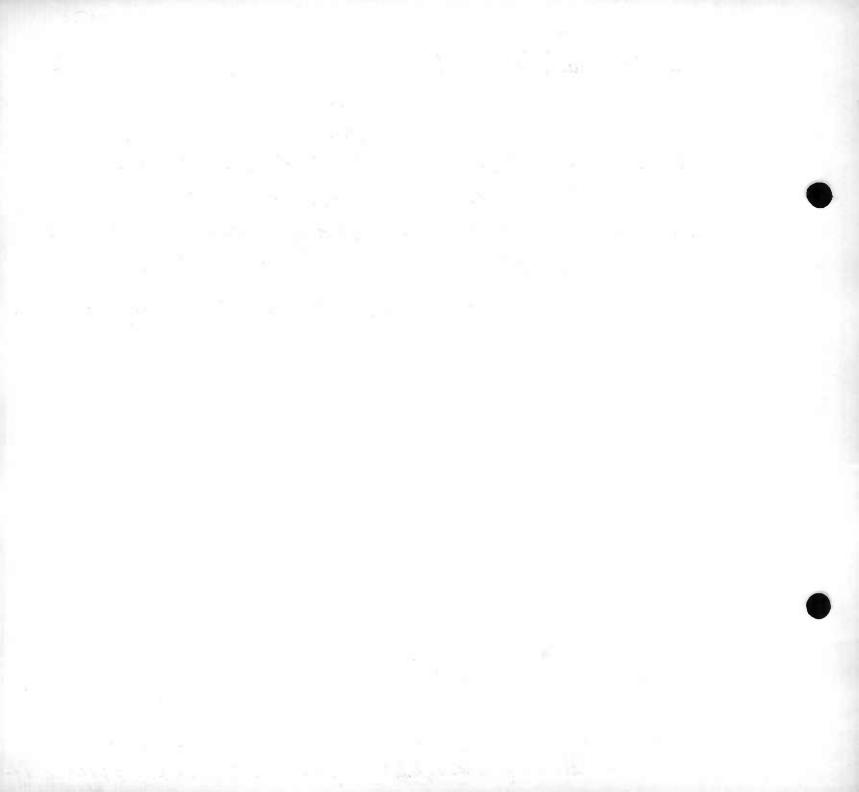


FUNERAL DIRECTOR: IMPORTANT

1-500			BALTIMORE CITY	HEALTH DEPARTMEN	IT +m	74 17474
P	71 7471		CERTIFICA	TE OF DEAT	H REG. NO.	1 /4/1
NAME OF DE	CEASED				E AND HOUR OF DEAT	н
Type or Print)	Mary E.	Bowen			gust 8, 1971	1 10.15 P.
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived. If	institution: residence before admission
FULL NAME O			UTION, GIVE STREET	Maryland	COUNTY	1002
INSTITUTION	Midtown Ho			C. CITY OR TOWN		ISIDE CITY LIMITS?
OLA	808 St. Pa			Baltimore 2		YES 🖺 NO 🗌
70	Baltimore,			1129 Wilmot		
. SEX	6. RACE	1=	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
F	M	WIDOWED		12/4/74	lost birthdoys 96	Months Doys Hours Min.
	CUPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTR
	of working life, even if retired)			77.		
Housewi				Virginia 14. MOTHER'S MAIDEN	LNIAME	U.S.A.
3. PAINER 3 IA	AME			14. MOTHER'S MAIDEN	NAME	
?		Co	ok	Un	nknown	
5. Was Deceas	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		- 01 0011100/	212-56-2640	Mag Paul	dos	C+ D3 C:
18. 4/	7 -9 .		CAUSE OF DEAT	Mrs Perle	808	St Paul St
UNDERLYII	Ihe abave cause (A) NG CONDITION last,  II  IIFICANT CONDITIONS CO ATH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR	NTRIBUTING HE TERMINAL	Cen.	Osteo a	ithentis	
	OF OPERATION 198. CON WAS PERI	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING DENTANG CAUSE OF		PLACE OF INJURY (e.g., i ne, form, foctory, street, of	n oi obout 21 C. WHERE D ffice bldg., INJURY OCCU	ID (If In Boltim	ore City, give exoct locotlan)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED  ile At Not While At Work	e —	D INJURY OCCUR?	
22. I certi	fy that (1) (this hospital	) ottended t	he deceased from Se	ptember 23	19 69 to Aug	ust 8 1971
	e) lost sow the decease		any			pinion deoth occurred on the da
			) ()			The determination of the du
23A. SIGNA	ind fram the couses stat	ed obove. (I	(did not) v	view the body offer de	otn.	23B, DATE SIGNED
23M. SIGNA	0 0	2	AH	ending Med.	Staff	236 DATE SIGNED
Luc	elacolle	9 R	DEGREE Phy	s. Director L	Phys	8/5/7/
23C. PHYSIC NAME	(Type)	00		23D. ADDRESS		
142.44		lefeld,	M.D.	6615 Reiste	rstown Road -	Balto Md 21215
24A. BURIAL C		,	AME of CEMETERY of CRI			City, town, or county) (State)
	REMATION, 24B. DATE					
Buria			orraine Parl			Maryland
25A. DATE REC	D BY HEALTH DEPT.	25B NAME C	OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
	AUG 10 BI	16bert	E, values 15th	O Thomans	T Puole To-	Dolt image Ma
/S 150_REV 1/	1/49	1	/	Treougio	o Chuck The	Baltimore, Md



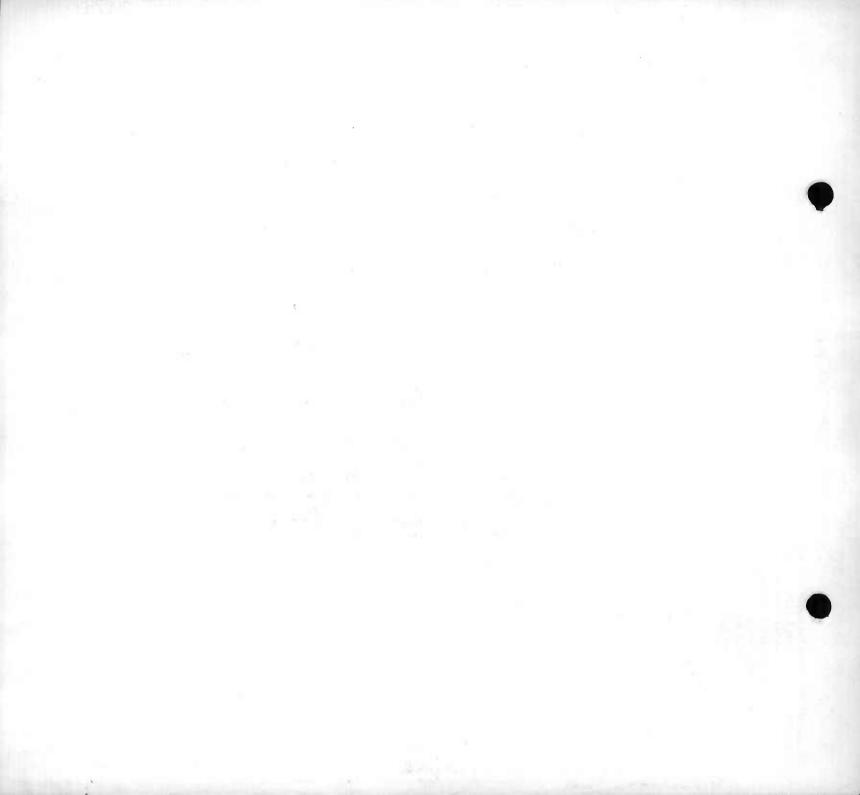
K-415	BALTIMORE CITY	HEALTH DEPARTMENT		1-14 1-170
BIRTH NO. 71 7472	CERTIFICA	TE OF DEATH	REG. NO	11 7412
1. NAME OF DECEASED (Type or Printly - Lange of Effice)	Klipn	2. DATE AN	D HOUR OF DEATH	95
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	md,		DE CITY LIMITS?
00		Baltimere E. STREET AND NUMBER		YES. NO 🗌
5. SEX 16. PACE	re.	1831 n. Zak	ewood a	ave
Female White WIDOWED	DIVORCED	8. DATE OF BIRTH 8/10/1891	ost birthdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done styring most of working life, even if refired)		11. BIRTHPLACE (Stote of foreign	on country)	12 CITIZEN OF WHAT COUNTRY
Janitress Bultocit	1 School Brail	Marylar	rd	U.S.a.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE ~	1
John Rovolny		m	ary M	ikes
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give wer or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
No 2	10-201896	Mrs Tillie B	estrand 8	331 n. Lakewooda
18./ 8 8 X	CAUSE OF DEATH	Education of I	anning bl	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		- 20 to	Tases	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:	( ) ( )	
injury or camplication which caused death.)				
ANTECEDENT CAUSES	(R)			
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		********
UNDERLYING CONDITION last	(c)	*******************************		
z				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A).				
O DISEASE OF CONDITION GIVEN IN PART 1 (A).	H OPERATION	20A-AUTOPSY? (Yes or No)	208. IF YES. WERE F	INDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examines)	CE OF INJURY (e.g., in m, foctory, street, off	or obout 21 C. WHERE DID	(If In Bollimere	City, give exect lecotion)
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E INJURY	URY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX.) While Al	Not While			
22. I certify that (1) (this hospital) attended the de	ceased fram	7/29 19	7/ 10 8/	19 7/
that (1) (we) last saw the deceased alive an	7/29	19.2/ and that	t in(my) (our) opin	lan death accurred an the date
and have and from the causes stated above. (1) (#	ઈ (વાવ) (વ <del>ાવ વ્યવ</del> ) તા			
23A. SIGNATURE	1			23 B. DATE SIGNED
Joseph K. Filacis	DEGREE Phys.	ding Med. S	hys.	8/9/7/
23C/PAYSICIAN'S NAME (Type)		D. ADDRESS	- 12 07	4 1 00
JUST. LIBERTO, A	DEGREE	3508 Buch 57	- Neels	www Meey law
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY of CREA			, town, or county) (Stote)
Burial 8/11/7/ Hol			30 Belair	
25A. DATE REC'DINY MEALTH DEPT. 128 NAME OF RE	OLGO TO S	25G. FUNERAL DIRECTOR	110. 1-	ADDRESS
VS 150-REV. 1/1/S.8	and the	July 1/30	Mes 230	id 34744 ELSON DI



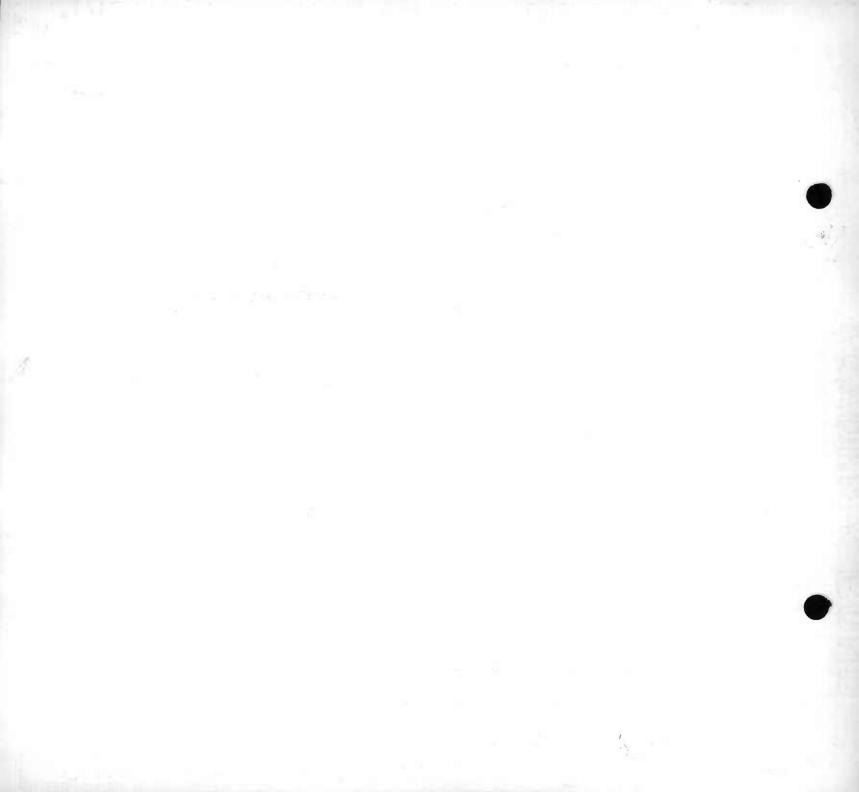
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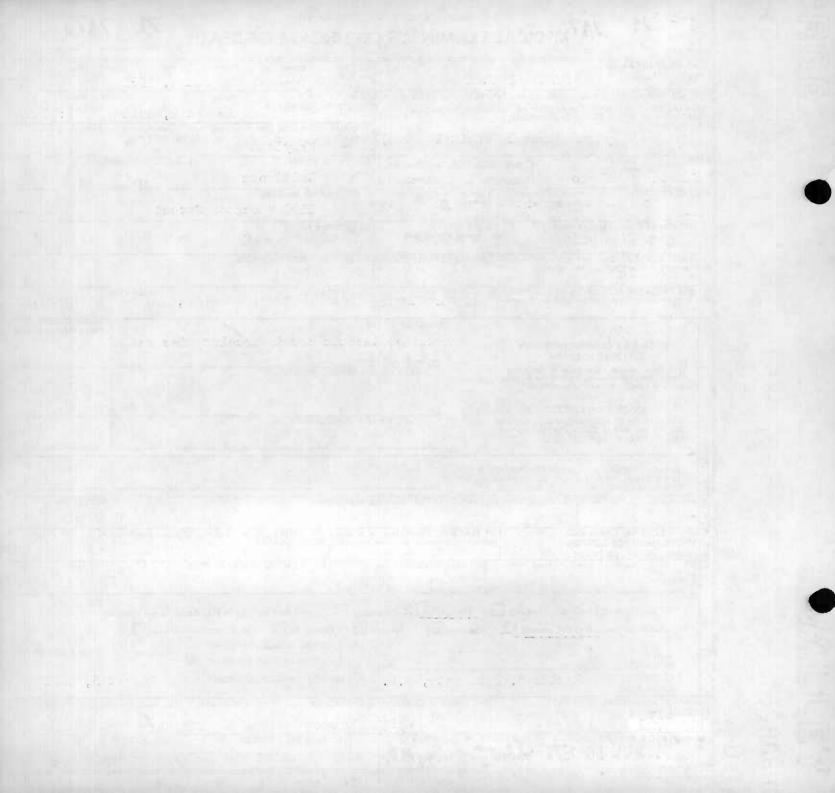
H-15	7473		HEALTH DEPARTMENT	71	7473
BIRTH NO.	uui .	CERTIFICA	TE OF DEATH	REG. NO.	
Type or Print	SED		2. DATE AND I	OUR OF DEATH	
L YH		WIS .	Augu	et 8 1971	1 5:15 00
3. PLACE IN BALTIM	ORE, MARYLAND, WHERE PR	ONOUNCEO DEAD	4. USUAL RESIDENCE (Where de	aceosed lived. Il institution	nt rosidence bolore admission)
FULL NAME OF	(IF NO IATIRZOH NI TON 1)	NOTITUTION CIVE STREET	MD. Day	Timom	200
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSIDE CIT	V HANTS2
JOHNS 1	HOPKINS HO	SPITAL	BALTIMOR	YES	
23			E. STREET AND NUMBER		<u> </u>
22			1028 N. C	HAPEZ ST.	
5. SEX 6.	RACE A 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. A	GE (In years   If U	nder 1 Yr. , If Under 24 Hrs.
1.1	WIDO		11-04-001	Ment 70	hs Ooys Hours Min.
10A. USUAL OCCUPA	TION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign o	country) 12. C	TIZEN OF WHAT COUNTRY
KANRIDAD	20-		1/1/20	4	UAA
13. FATHER'S NAME	71110		14. MOTHER'S MAIDEN NAME	price !	- DT-
AID	ve Hand	210	14.0	/	
15, Was Deceased Eve	r in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		
(Yes, no or unknown) (If	yes, give wor or dotes of serv	icel SECURITY NO.			ADDRESS
			Chart,		
18. 482	.91	CAUSE OF DEAT	RESPIRATION	M FALLER	APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIRECTLY	Acus	-o Brancia	- Coma	J /
(This does not	mean the mode of dving	(A) IMMEDIATE CAU	SE	( Company	Nrs
heort failule, ost	nenio, elc. It means the dise olion which coused deoth.)	ose,	A CONSEQUENCE OF:		
	ECEDENT CAUSES	GOA	March P		11
	CONDITIONS, if ony, gi	(8) C/O//N	requere Thein	and silve	7 anss
rise to the c	bove couse (A) stating	the DUE TO, OK AS	A CONSEQUENCE OF:	¥	
UNDERLYING C	ONDITION last.	(c)	************************************		<i>V</i>
Z	11	0			
E ITO THE DEATH BE	NT CONDITIONS CONTRIBUTE UT NOT RELATED TO THE TERMIN	NG PANC	YTOPENIA		
	ERATION 198 CONDITION F				
2	WAS PERFORMED	OK WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20	B. IF YES, WERE FINDING CAUSES O	GS CONSIDERED F DEATH?
U 121A. ACCIDENT V	VAS UNGERLYING	218 PLACE OF INTERVIOR IN	or chant 21 C WHERE DID	the state of	
OR CONTRIBUTIN	OL ICAUSE OF	218 PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)	fice bidg. INJURY OCCUR?	if in Boltimore City, (	live exoct (ocotion)
2					
S OF INJURY	onth) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DIO INJURY	OCCUR	
(APPROXI		While At Not While Work Not Work	'□		
22. I certify that	(I) (this hospital) attende	ed the deceased from	nne 15 19 7	1 to Augus	F 8 1921
thot((I)(we) los	t saw the deceased alive	on August 8	19 7/ and that in	2	oth accurred on the dote
and hour and fro	m the couses stated above	. (i) (We) (did) (did not) vi	lew the hady after death.		
23A. SIGNATURE				23 B. D.	ATE SIGNED
1 /10	in Marray	/ 100	ndings Med. Staff		11 to VIII
29C. PHYSICIAN'S	VIII W OI	DEGREE Phys.	3D. ADDRESS	- fiu	Just 9 19 11
NAME (Type)	AL MANN	100	1620 mag	elderoy //	ST.
24A- BURIAL CREMAT REMOVAL (Speci	ION,  248, DATE  240	DEGREE	MATORY 1210 LOCAL	TON CO.	
	1 1 1 1 1 1	- 0	AA	County Md	or county) (State)
Burial		MT C'lvary Ce	emetry		
25A. OATE REC'D BY	10 1971 1280	E Valber M.D.	25C. FLINERAL DIRECTOR	206 W Nort	h Ave



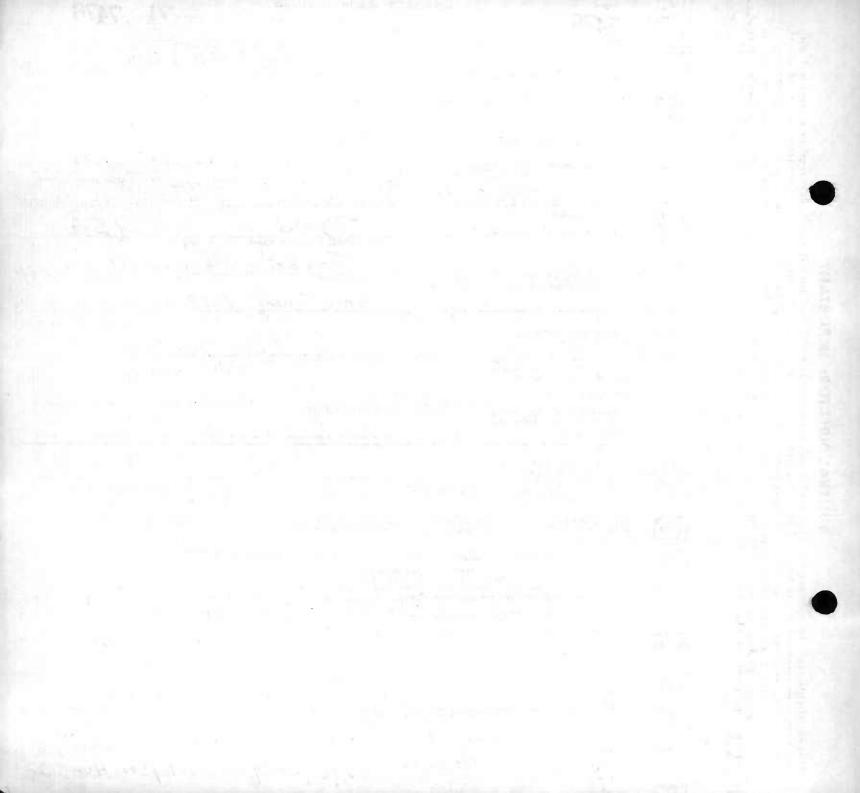
B-65011 7474	BALTIMORE CITY	HEALTH DEPARTMENT	71	7474
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	
1. NAME OF DECEASED	\	2. DATE AN	D HOUR OF DEATH	
GEORGE DR	nwa	8	-5-7971	1:25 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institut	ion: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	JTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE C	1501
PROVIDENT HOSE	DITAT	DAT M	DO AT	NO 🗌
39	117	E. STREET AND NUMBER	ollett V.	
5. SEX MARRIED WIDOWED	NEVER MARRIED DIVORCED	7-17-03	ost birthdoy) Mo	Under 1 Yr. If Under 24 Hr nths Doys Hours Min.
10A. USUAL OCCUPATIONAGIVE kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	in country) 12	CITIZEN OF WHAT COUNTS
un employed.	Name of the last o	100.	,	US.
13. FATHER'S NAME UN KNOWN		14. MOTHER'S MAIDEN NAM		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
7	SECURITY NO.	3 Charles Nel	son - Nephew	
18. /50X	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		000000	0	BETWEEN ONSET AND DEA
LEADING TO DEATH  IThis does not meen the made of dying, e.g.,	(A)IMMEDIATE CAU	se Carcin	o may	
hearl lailure, asthenia, etc. It means the disease.	DUE TO, OR AS	CONSEQUENCE OF:	2110 TIM	Mastro i
injury ar complication which caused death.)		Csopac	80-2 000	0-010-0-
ANTECEDENT CAUSES	(B)	-		
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION fast.	(c)			*****
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19R. CONDITION FOR W WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING TO 121 B. B.				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No)	200 15 455 14555 50151	****
WAS PERFORMED	MICH OPERATION	NO NO	IN CERTIFYING CAUSES	OF DEATH?
2100	PLACE OF INJURY (e.g., in form, foctory, street, old	or about 21 C. WHERE DID	(If In Boltimore City	give exoct locotion)
21D. TIME (Month) (Doy) (Year) IHour) 21E. I	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	Not While			
22. I certify that (1) (this haspital) attended the		64-24 - 10	71. 8	-56 : 71
that (1) (we) last saw the deceased alive an	8-5-	19 7 ( and that	In (my) Guel balain	death accurred on the da
and have and from the causes stated above. (1)	(Ma) (did 201) 11		(my/ foot/obinion	acord accouled by the 90.
23A. SIGNATURE	Cara (and nar) VI	en the body differ death.	1228	DATE SIGNED
Kunan Vorplaser	Dhue	ding Med. S	hoff S	7-5-71
23C.PHYSICIAM'S NAME ITYPE) SUNAN VONGILA	DEGREE	3D. ADDRESS Provdent	Hospito	l
AA. BURIAL CREMATION, 248. DATE 24C. NAME REMOVAL (Specify)	ME OF CEMETERY OF CRE	MATORY 24D. LO	CATION ICity to:	vn, or county)   IStote)
Burial 8/11/71 MT		L .		
SA. DATE REC'R BY WEALTH DERTAL POR MAME OF	MGISTEAR .	25C. FUNERAL DIRECTOR	A County Mo	ADDRESS
AUG IU IS/ Valent &	Varbey 188.		ad 1206 W	orth A_e
\$ 150-REV. 1/1968 - 40		1.01-00		



VS 151-REV. 1/1/68



Diner:		7476		CERTIFICA				
BIRTH NO	OF DECEASED	1 ,	202002	/		2. DATE AND H	OUR OF DEATH	
			3erger		Na Present Co	Hug .	-1971 8	3.70 bild
FULL: NA HOSPITAI		F NOT IN HOSPIT DDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	A, STATE		MARKET .	SIDE CITY LIMITS?
		Timore y	eneral	Hospital	BAI	TIMORE ID NUMBER		YES Y
					1380	8 2+1	IARGE	
S. SEX	1 6. RAC	)	WIDOWED	NEVER MARRIED  DIVORCED  BUSINESS OR INDUSTR	2 -7.	-1892 last	GE (In yook) birthdoy) 79	Months Doys
Ret		tile, even if refred) them awar	1	E Co.	5	MAIDEN NAME		45
2	? Be	Rack			I	4 belle	RA	msey
S. Wee D	occused Ever le ulknown) (II yes	U. S. Armed For L. give war or date	ces? a of service)	16. SOCIAL SECURITY NO.	So ho	Young	7	Woodson
lnįvry	ar complication	ia, etc. It means on which caused EDENT CAUSES	death.)	( Acut	Mydru	itic leu	ebsiella p Kaumia	phelimonia
DISE ise UND	ANTEC ASES OR CO to the abo ERLYING CON	en which caused EDENT CAUSES EDENTIONS, if we cause (A) IDITION last.	any, giving stating the	( Acut	- Mud su s a conseque	itic leu	saumia	pheilmong
DISEA UND OTHER TO THE DISEA	ANTEC ASES OR CO to the abo- ERLYING CON R SIGNIFICANT HE DEATH BUT I SE OR CONDITI	en which caused EDENT CAUSES EDENT CAUSES EDENT CAUSE EDENT CAUSE (A) EDITION last.  11 CONDITIONS CO. NOT RELATED TO TO ON GIVEN IN PAR	any, giving stating the NTRIBUTING HE TERMINAL T 1 (A).	(B) A CMU DUE TO, OR A	Mydsus A CONSEQUE	itic len	Saumia	
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DISEA DISEA	ANTEC ASES OR CO to the abo- ERLYING CON R SIGNIFICANT IE DEATH BUT SE OR CONDITI DATE OF OPERA ACCIDENT WA ONTRIBUTING H (notify medical	DESCRIPTION OF THE PROPERTY OF	any, giving stating the NTRIBUTING HETERMINAL T I (A).	(B) A CMU DUE TO, OR A	Mydau s a consequer	TETE (Yes or No) 20	R. IF YES, WERE	
DISEL OTHER DISEAU OTHER DISEAU OTHER DISEAU OTHER DISEAU	ANTEC ASES OR CO to the abo- ERLYING CON  R SIGNIFICANT- THE DEATH BUT IS OR CONDITIONATE OF OPERA  ACCIDENT WA ONTRIBUTING IN THE CONTRIBUTING IN THE CONTRIBUTION IN	DESCRIPTION OF THE PROPERTY OF	death.)  any, giving stating the Stating the NTRIBUTING HE TERMINAL TO A LONG TO A LON	(C)  PLACE OF INJURY Inc., femm, foctory, street, injury occurred to Al Not With the Control of the Control of Al Not With the Co	20A AUTO	TETE (Yes or No) 20	B. IF YES, WERE I CERTIFYING C.	E FINDINGS CONSI AUSES OF DEATH?
MEDICAL CERTIFICATION DISETURE OF THE CONTROL OF TH	ANTEC ASES OR CO to the abo- ERLYING CON R SIGNIFICANT- IE DEATH BUT I SE OF CONDITI DATE OF OPERA ACCIDENT WA ONTRIBUTING H (notify medical IMAE JURY ROX.)	DESCRIPTIONS OF CONDITIONS OF CONDITIONS OF CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS OF CONDITIONS CONDITIONS CONDITIONS OF CONDITI	any, giving stating the NTRIBUTING HE TERMINAL TO IA).  OTHER TO THE TERMINAL TO IA).	(C)  PLACE OF INJURY ICO, farm, foctory, street, injury occurred in Not William Not Willia	20A AUTO	PSY? (Yes or No) 20 IN WHERE DID RY OCCUR?	B. IF YES, WERE I CERTIFYING C.	E FINDINGS CONSI AUSES OF DEATH?
NO OTHER TO THE DISEASE OF THE DISEA	ANTEC ASES OR CO to the abo ERLYING CON R SIGNIFICANT IE DEATH BUT OATE OF OPERA  ACCIDENT WA ONTERUTING IMME IMME IMME IMME IMME IMME IMME IMM	EDENT CAUSES EDENT CAUSES EDENT CAUSES ENDITIONS, if we cause (A) IDITION last.  II CONDITIONS CO NOT RELATED TO TO ON GIVEN IN PAR ATION 198 CON WAS PERI S UNDERLYING CAUSE OF ol examined  I) (this hospital sow the decease	any, giving stating the NTRIBUTING HE TERMINAL TO I (Hous)  (Hous) 21E. Whit Work  () attended the dalive an	(E) A COUNTY INDUSTRIES OF INJURY OCCURRED AT WORLD	20A-AUTO in or obout 21C, office bldg. INJU	PST? (Yes or No) 20 WHERE DID RY OCCUR? HOW DID INJURY	B. IF YES, WERE I CERTIFYING C.  (If In Boltimo	E FINDINGS CONSI AUSES OF DEATH?
DISEA UND OTHER UND TO THE DISEA UND TO THE DISEA UND TO THE DISEA UND TO THE DISEA UND THE DISEA UN	ANTEC  ASES OR CO to the abo- ERLYING CON  R SIGNIFICANT: HE DEATH BUT IS OR CONDITION  ACCIDENT WA ONTRIBUTING H (notify medical H (notify medical H) CONTRIBUTING H (notify that ( (i) (we) last a hour and from	EDENT CAUSES EDENT CAUSES EDENT CAUSES ENDITIONS, if we cause (A) IDITION last.  II CONDITIONS CO NOT RELATED TO TO ON GIVEN IN PAR ATION 198 CON WAS PERI S UNDERLYING CAUSE OF ol examined  I) (this hospital sow the decease	any, giving stating the NTRIBUTING HE TERMINAL TO I (Hous)  (Hous) 21E. Whit Work  () attended the dalive an	(C)  PLACE OF INJURY leagh, farm, foctory, street,  INJURY OCCURRED  A Work  A	20A-AUTO in or obout 21C, office bldg. INJU	PST? (Yes or No) 20 WHERE DID RY OCCUR? HOW DID INJURY	B. IF YES, WERE I CERTIFYING C.  (If In Boltimo	E FINDINGS CONSI
NOTHER UND TO THE UND TO THE UND TO THE UND TO THE UND TO THE UND TO THE UND TO THE UND THE UN	ANTEC  ASES OR CO to the abo- ERLYING CON  R SIGNIFICANT IE DEATH BUT SE OR CONDITI DATE OF OPER  ACCIDENT WA ONTRIBUTING IMME IMME IMME IMME IMME IMME IMME IMM	EDENT CAUSES EDENT CAUSES EDENT CAUSES ENDITIONS, if we cause (A) IDITION last.  II CONDITIONS CO NOT RELATED TO TO ON GIVEN IN PAR ATION 198 CON WAS PERI S UNDERLYING CAUSE OF ol examined  I) (this hospital sow the decease	any, giving stating the NTRIBUTING HE TERMINAL TO A LONG TO A WORMED    218.	(E) DUE TO, OR A  (C) CHICH OPERATION  PLACE OF INJURY league, farm, factory, street, farm, farm, factory, street, farm, far	20A-AUTO in or obout 21C, office bldg. INJU	PST? (Yes or No) 20 WHERE DID RY OCCUR? HOW DID INJURY	B. IF YES, WERE I CERTIFYING C.  (If In Boltimo	E FINDINGS CONSI AUSES OF DEATH? ore City, give exact I
DISE is our UND OTHER UND TO THE UND TO THE UND TO THE UND TO THE UND TO THE UND THE U	ANTEC  ASES OR CO to the abo- ERLYING CON  R SIGNIFICANT: HE DEATH BUT IS OR CONDITION  ACCIDENT WA ONTRIBUTING H (notify medical H (notify medical H) CONTRIBUTING H (notify that ( (i) (we) last a hour and from	EDENT CAUSES EDENT CAUSES EDENT CAUSES EDENT CAUSES ENDITIONS, if we cause (A) IDITION last.  II CONDITIONS CO NOT RELATED TO TO ON GIVEN IN PAR ATION 19th CON WAS PERI S. UNDERLYING I CAUSE OF oil examined  I) (this hospital sow the decease the causes sto	any, giving stating the NTRIBUTING HE TERMINAL TO A LONG TO A WORMED    218.	(B) PCMU DUE TO, OR A  (C)  /HICH OPERATION  PLACE OF INJURY le.g., ferm, foctory, sheet, ferm, foctory, ferm, foctory, ferm, foctory, foctory, foctory, foctory, ferm, foctory, fo	20A AUTO  in or obout 21 C. office bldg., INJU  ille	PSYS (Yes or No) 20 WHERE DID RY OCCUR? HOW DID INJURY and that I	B. IF YES, WERE I CERTIFYING C.  (If In Boltimo	B Goldon death accurate Sign Aug · G
NO OTHER UND OTHER STATE OF THE	ANTEC  ASES OR CO to the abo- ERLYING CON  R SIGNIFICANT- HE DEATH BUT I SE OR CONDITION ACCIDENT WA ONTRIBUTING H (notify medical COX)  COTTIFY that ( (1) (we) last a hour and from SIGNATURE CHYSICIAN'S	DESCRIPTIONS OF THE PROPERTY O	any, giving stating the NTRIBUTING HE TERMINAL TO A LONG TO A WORMED    218.	(B) DUE TO, OR A  (C) DUE TO, OR A  (C) COMPACTOR OF AN OF AI WORK  (A) COMPACT OF INJURY Ind., sheet, and work  (Ma) (Ma) (Mid not)  (Ma) (Mid) (Mid not)  (Mid) (Mid) (Mid not)  (Mid) (Mid) (Mid not)  (Mid) (Mid) (Mid) (Mid)  (Mid) (Mid) (Mid) (Mid) (Mid)  (Mid) (Mid) (Mid) (Mid) (Mid)  (Mid) (Mid) (Mid) (Mid) (Mid)  (Mid)	20A AUTO    20A AUTO	PSYZ (Yes or No) 20 IN WHERE DID RY OCCUR? HOW DID INJURY and that I after death.  Med. Stof Physical	SALLMAGE  B. IF YES, WERE I CERTIFYING CA  (If In Bollimo  OCCUR?  The  In (my) (our) ap  E. Yener	B Goldon death accurate Sign Aug · G



IMPORTANT

FUNERAL DIRECTOR:

17-263	BALTIMORE CITY	HEALTH DEPARTMENT	Y	Life Life
BIRTH NO. 71 7477	CERTIFICA	TE OF DEATH	REG. NO	7477
I. NAME OF DECEASED.	-7	2. DATE AN	ND HOUR OF DEATH	1015
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROPORT	JN CED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived, Il institut	tion: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	. 4	MARYLAND C. CITY OR TOWN	411	5200
BOLTON HILL NURSIN	9 Home	BALTIMOR	YE:	S NO H
1400 John St. 3	21217	E. STREET AND NUMBER	ale Rd 7	-25
Female white WIDOWED		7/20/94	lost birthdoy) Me	Under 1 Yr. If Under 24 Hrs. Onths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or lore	ign countryl 12	CITIZEN OF WHAT COUNTRY
	Maker	new Q	12014	USA
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN NA	ME	00000
? Mershon		Unknown		
15. Was Doceased Ever in U. S. Armed Forces? (Yes no or unknown! (If yes, give wor or dotos of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
N •	217-14-1284	Admission	Record	
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
LEADING TO DEATH	ALABATECIATE CALL	carelal a	1 Day	0/3/2
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAU DUE TO, OR AS	A CONSEQUENCE OF:	gnous	0/3/11
injury ar camplication which caused death.)			2	
ANTECEDENT CAUSES	(B) aut	walente Ke	extoliseas	new
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c) Thus	Loglesene	suma	neur
- 11		1 6		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				1
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WICH OPERATION	120A ALLEGRAVA (V	1 000	
WAS PERFORMED		20A. AUTOPSY? (Yes or No.	10 CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF home etc.	LACE OF INJURY (e.g., in , farm, factory, street, off	or obout 21C. WHERE DID	(If In Boltimore City	, give exect location)
OF INJURY (Month) (Doy) (Yooi) (Haui) 21 E. I	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROXI While	Not While			1
22. I certify that (I) (this hospital) attended the	deceased fram/	4/27 1	9 1/ to 8	15 1971
that (1) (we) lost saw the deceased alive on	ot in (my) (our) opinion	death accurred an the date		
and hour and from the causes stated above. (1)	(We) (dld) (dld nat) vi			
23A. SIGNATURE			23 B <sub>e</sub>	DATE SIGNED
C MO	After Phys.	ding Med.	Staff Phys.	8/7/71
23C. PHYSICIAN'S NAME (Typel	2	3D. ADDRESS		1
HILAN H MX	LEHT DEGREE	- Thead	8 be	8 M 21212
KEINIO VAL (Specify)	ME of CEMETERY OF CRES			wn, or county) (State)
	dar Hill Ce	metery Ri	tchie Hgwy,	Balto, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR	211 1000	ADDRESS A
	- Harbey Ke	George J. G	once / 4001	Ritchie Hgwy
VS 150-REV. 1/1/68	The second second	201		CIL DIN

The state of the s

hospital

attendance deat

prior

deceased

final disposition is mad

or

embalmed

CERTIFIC

MEDICAL

ing cause cause; (5)

or contributing

IMPORTANT

(4) Undetermined in regular

death E0

pronounced

in regular attendance

kind;

40

(Type or Print)

) 5 2 0 BIRTH NO.	'71	7478
NAME OF DE	CEACED	

CERTIFICATE OF DEATH

AUGUST	5:45	)

3.	PLACE	IN	BALTIMORE	MARYLAND,	WHERE	PRONOUNCED	DEAD

JONES, WILLIAM \*\* Bryan

USUAL RESIDENCE (Where deceased fived, If institution; residence before admission)

MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

C. CITY OR TOWN D. INSIDE CITY LIMITS? YES XX BALTIMORE NO

AGNES HOSPITAL

E. STREET AND NUMBER 4206 AUDREY AVE. 21225

5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. MALE WHITE Hours 08/14/94 WIDOWED X DIVORCED ICA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired)
STEAM FITTER MARYLAND USA

13. FATHER'S NAME

NO

CHARLES JONES

19A-DATE OF OPERATION

14 MOTHER'S MAIDEN NAME EMMA (BRIAN)

ST AGNES | RECORDS

15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (il yes, give wor ar doles af service)

6. SOCIAL 17. INFORMANT 8-03-8254

CATON AVENUES

_			LIA FILOFO
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	(A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.	(B)	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAPT 1 (A)		

198 CONDITION FOR WHICH OPERATION

208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY! (Yes of No)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examined

(II In Boltimore City, give exoct location)

OF INJURY (Month! (Doy) (Teor) (Hour 21E INJURY OCCURRED Not While While At (APPROX)

21F. HOW DID INJURT OCCUR?

22. I certify that (1) (this haspital) attended the deceased from and that in (my)-(our) opinion death occurred on the date that XIX (we) last saw the deceased alive on and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.

23A. SIGNATURE

238, DATE SIGNED Attending [ Med. Shaff N 8/5/71

24D, LOCATION

23C. PHTSICIAN'S NAME (Type) VICTOR

23D ADDRESS HOSPITAL AVENUES

(City, town, or county)

Md.

Buria1 Glen Haven Memorial Pk. Ritchie Hgwy., A.A.Co., 25C. FUNERAL DIRECTOR

24C. NAME OF CEMETERY OF CREMATORY

DEGREE

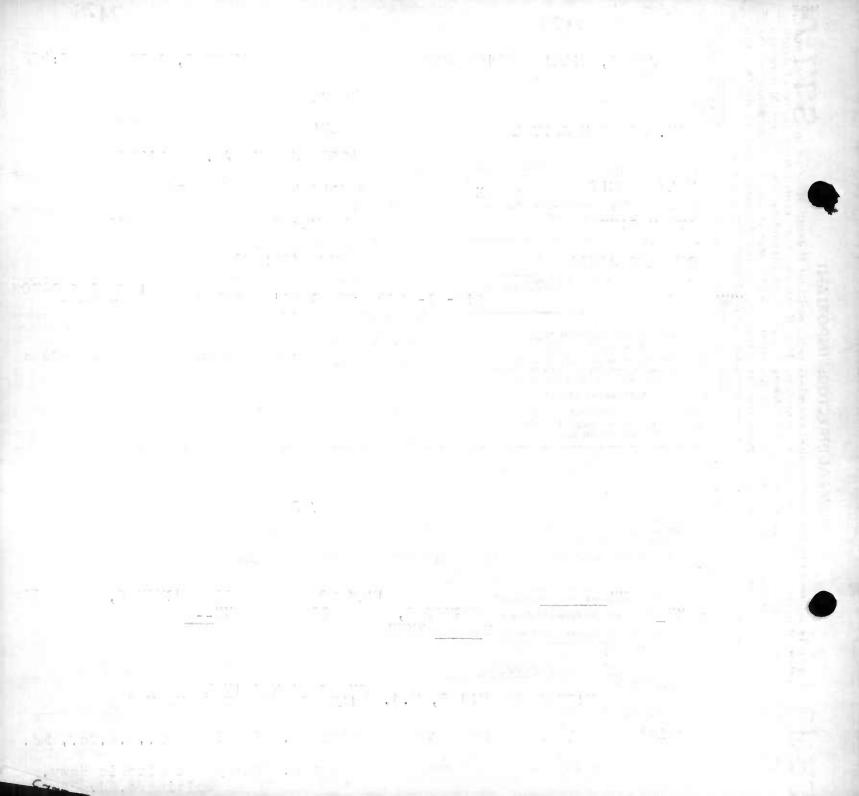
24A. BURIAL CREMATION, 24B. DATE

George J. Gonce/4001 Ritchie Hgwy. Baltimore.Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: before the remains are physician No physician was where hospital obtained (except w proved any pe death) a hospital must prior to written approval +0 D.O.A. eceased the body shows:

Was



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**DIRECTOR:** 

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VS 150-REV. 1/1/68

NO XXX

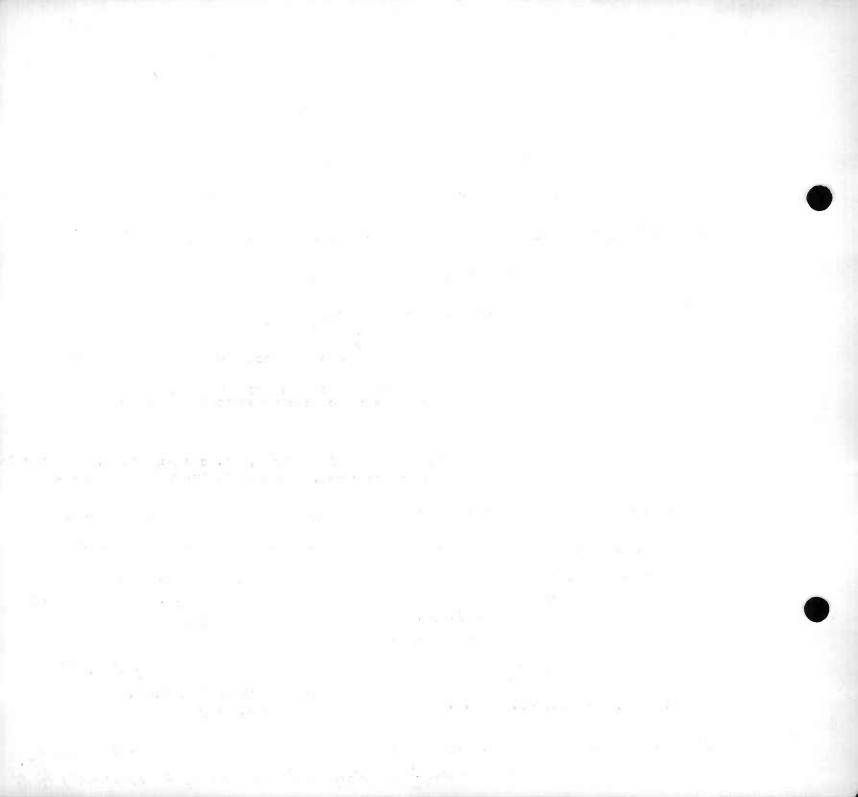
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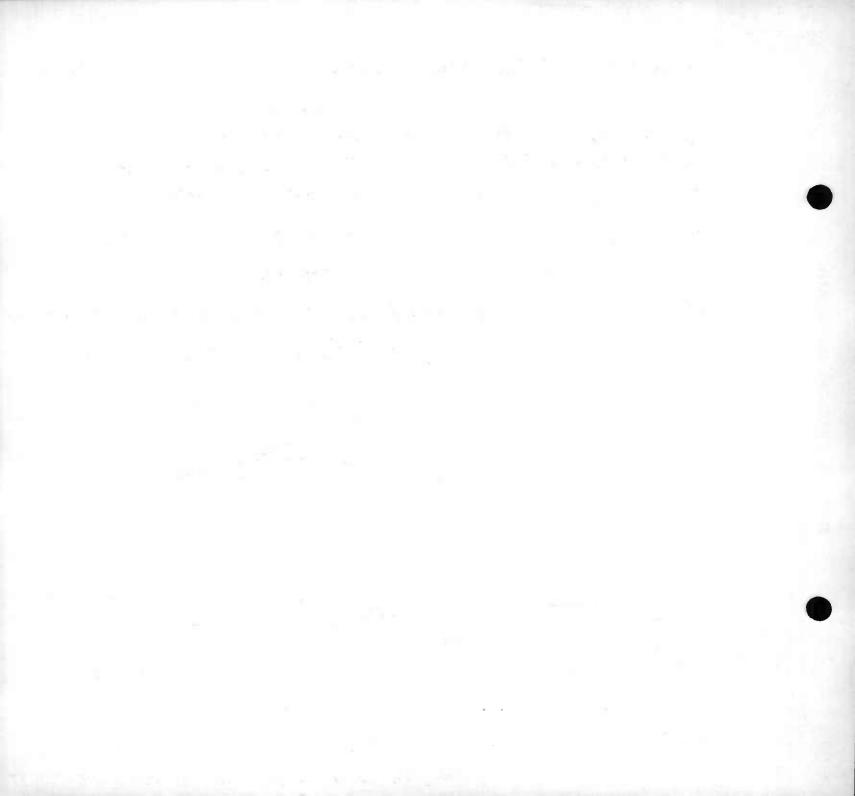
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DIRECTOR:

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VS 150-REV. 1/1/68

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10-165	BALTIMORE CITY	HEALTH DEPARTMENT	1714	171499
BIRTH NO. 71 7482	CERTIFICA	TE OF DEATH	REG. NO. 71	7482
THAME OF DECEASED (Type or Print) Anne O' Brien		2. DATE AN	D HOUR OF DEATH	1 /15 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (What	e deceased lived. Il institutio	on: residance belore admission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	I, GIVE STREET	C. CITY OR TOWN	D. INSIDE CI	2864
Marrhand Com Hosp	ital	E. STREET AND NUMBER	ot A. O	NO []
5. SEX G. RACE TO MARRIED IN	IEVER MARRIED X	8. DATE OF RIPTH	AGE (la voge	Inder 1 Yr., II Under 24 Hrs.
Female White WIDOWED !	DIVORCED	03/13 /1898	ost biethdoyl 73 Mon	Inder 1 Yr. II Under 24 Hrs. ths Days Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI done during most of warking life, even if retired)	NESS OR INDUSTRY		gn country) 12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		Maryland		USA
		14. MOTHER'S MAIDEN NAM		
Late John J. O'Brien 15. Wes Deceosed Ever in U. S. Armed Forces?   16.5		Late Anna S. Cl	ark	
(Yes, no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO. 2-22-8229	Mr. Thomas L.	0'Brien, 103 S	orrento Ave.
18. 4/24	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		(10		BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the made at dying, e.g.,	(A)IMMEDIATE CAU			
heart loiture, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	(1)	- ( V )		
DISEASES OR CONDITIONS, il any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OPERATION 179B. CONDITION FOR WHICH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B. PLACE	UT	T		
DISEASE OR CONDITION GIVEN IN PART 1 (A).  194 DATE OF OPERATION 198 CONDITION FOR WHICH	1 0000 1000	1904		****
WAS PERFORMED	4 OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN	GS CONSIDERED OF DEATH?
	E OF INJURY (e.g., in m, factory, street, aff	or obout 21C. WHERE DID	(If In Boltimore City,	give exact location)
Q 21D.TIME (Month) (Doy) (Year) (Hour) 21E INJU	RY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.) While At Work	Not While		/	. /
22. I certify that (I) (this haspital) attended the de	ceased fram	8/3/7/ 19	7/ to 8/0	19.71
that (I) (we) lost sow the deceased olive on	<del>}/-</del> 6		t In(my) (our) apinian d	eath accurred on the date
and hour ond from the causes stated above. (1) (We	) (dld) (dld nat) vi	ew the bady after death.		
Muhad A. Sulveim	Affer Phys.	oding Med. S	haff 23 B. C	R / G / D /
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	16. 4	64.7
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of REMOVAL (Specify)	DEGREE OF CRE	MATORY 24D. LO	CATION (City, town	n, or county) (Stote)
Burial 8/9/71 New Ca	athedral Ce	metery Balt	imore, Marylan	d
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC	GISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
AUG 10 19/1 16868 8136	West ACA	WIUZKE, AIU	Edmondson Ave.	, KIKKT

NO

ADDRESS

Hours

Months

Months

Weeks

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

If Under 24 Hrs. Hours

ISA

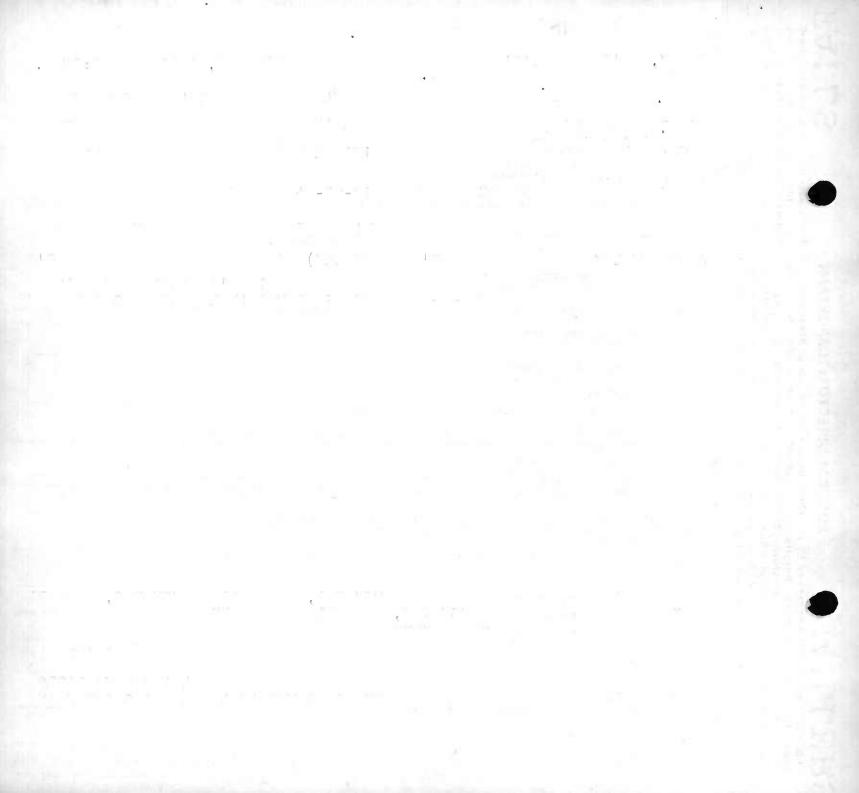
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VS 150-REV. 1/1/68

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1-600	BALTIMORE CITY	HEALTH DEPARTMENT	71 7404		
174 17484	CERTIFICA	TE OF DEATH REG. NO	ना नगरग		
NAME OF DECEASED		2. DATE AND HOUR OF DEAT	11- 1484		
TYPBEERY, ELIZABETH LUCY		AUGUST 5. 19	71   1.20 A M		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD ,	4. USUAL RESIDENCE (Where doceosed lived, If institution: residence before admission) A. STATE B. COUNTY			
FILL NAME OF UE NOT IN HOSPITAL OF INSTIT	THE COURT STREET	LAADMI AND	MORE COUNTY 530		
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ST AGNES HOSPITAL		CCITY OR TOWN  BALTIMORE  D. INSIDE CITY LIMITS?  YES NO			
BALTIMORE MD 21229		1010 LAKEMONT ROAD	21228		
FEMALE 6- RACE WHITE WIDOWED	DIVORCED [	8. DATE OF BIRTH 9. AGE (In years lost birthday) 10-27-84 86	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
OA, USUAL OCCUPATION (Give kind of work) 10 B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE IState or foreign country)	12 CITIZEN OF WHAT COUNTRY		
		MINNESOTA	USA		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
TH OMAS HALEY	DEC 'D	(KELLY) NORA	DEC 'D		
S. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give war or dates of service)	1 & SOCIAL	17. INFORMANT RECORD 'S BALTIMOR EMD 21229			
NO	267-28-9969A	ST AGNES HOSPITAL WIL			
16. 4/2.4	CAUSE OF DEAT		APPROXIMATE INTERVAL		
of the glove cause (A) staling the UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  17A. DATE OF OPERATION 17B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1	(c)	Pundne			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	YES YES OF NO. 208. IP YES, WER	E FINDINGS CONSIDERED :AUSES OF DEATH?		
OR CONTRIBUTING CAUSE OF hor	B. PLACE OF INJURY (a.g., ima, farm, factory, street, o)	n of good 21C. WHERE DID (II In Boltim	ore City, give exact location)		
WI OF INJURY	L INJURY OCCURRED  hile At Not While At Work	21F. HOW DID INJURY OCCUR?			
22. I certify that XI) (this hospital) attended	the deceased from A	UGUST 1, 19 71 to AL	IGUST 5, 19 71		
that (() (we) lost saw the deceased alive an			pinion death occurred on the dat		
and hour and from the couses stated above.					
23A. SIGNATURE	AND THE PERSON NAMED IN		Total DATE SIGNED		
	2/12	6.2	23K DATE SIGNED		
( SIIPO	2/ / / Dh.	anding Med. Staff	23 & DATE SIGNED 8/5/71		
23C. PHYSICIANS NAME (Turk	DEGREE Phy				
23C. PHYSICIAN'S NAME (Type) SANV PEDRO	DEGREE Phy	23D. ADDRESS BALT	IMORE MD 21229		
SANV PEDRO	MD.  DEGREE  Phy  DEGREE  AMD of CEMETERY of CR	23D. ADDRESS BALT STAGNES HOSPITAL WILK EMATORY [24D. LOCATION [24]]			
SANV PEDRO  24A. BURIAL CREMATION, REMOVAL (Specify) 8/7/71 F	MD.	23D. ADDRESS BALT STAGNES HOSPITAL WILK EMATORY [24D. LOCATION [24]]	IMORE MD 21229 KENS & CATON AVE		
NAME (Type) SANV PEDRO  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 8/7/71 F  Burial 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME	MD.  DEGREE  MD.  DEGREE  IAME of CEMETERY of CR  lagle Memorial	ST AGNES HOSPITAL WILK EMATORY 24D. LOCATION Florida  125C. FUNERAL DIRECTOR	TIMORE MD 21229 KENS & CATON AVE City, town, or county) (State)		
SANV PEDRO  24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 8/7/71 F  Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	MD.  DEGREE  Phy  DEGREE  AMD of CEMETERY of CR	ST AGNES HOSPITAL WILK EMATORY Park  Park  BALT  BALT  PARA   TIMORE MD 21229 KENS & CATON AVE City, town, or county) (State)			



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

NO X

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

il Under 24 Hrs.



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Such

to death.

	4-600	BALTIMORE CITY HEALTH DEPARTMENT						
В	IRTH NO. 71 7486	CERTIFICA	CERTIFICATE OF DEATH REG. NO. 71 '7486					
	NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH				
11_	Charles Thoma	as Bree		g. 8, 1971	5 P M			
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	UNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, Il institution; rosidence before odmission) A. STATE B. COUNTY					
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			Md. HOWARD					
US Public Health Service Hospital		Ellicott City YES NO						
3100 Wyman Parkway			E. STREET AND NUMBER 5057 Durham Road (W)					
5.	SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years   Il Under 1 Yr., Il Under 24 Hrs.					
L	M WIDOWED	DIVORCED	9/10/20	last birthdoy)	Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)  Manager Gout! Contracts			11. BIRTHPLACE (Stote or fore	New York	112. CITIZEN OF WHAT COUNTRY?			
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Thomas Bree			Anna Gesell					
15. Was Deceased Ever in U. S. Armed Forces? (Yes.no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		17. INFORMANT		ADDRESS				
	Yes USA 1942-1945	?	Records- U	S PHS Hospi	tal, Balto, Md.			
	18. 200,11	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Bronchopneu	monie				
	(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	miorit a	Days			
	heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.)							
	ANTECEDENT CAUSES	8 Mos.						
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost.	######################################						
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************						
RTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
MEDICAL CE	21A. A CCIDENT WAS UNDERLYING SCAUSE OF CONTRIBUTING CAUSE OF CA							
03V	OF INJURY (Month) (Doy) (Year) (Hour) 21E. I	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
2	(APPROX.) While							
	22. I certify that (I) (this hospital) attended the deceased from Aug. 6 19 71 to Aug. 8 19 71							
	that (1)/(we) last saw the deceased alive an Aug. 8 19 71 and that in (m/) (aur) apinion death accurred an the date							
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.							
	23A. 81GNATURE FOLLEX ERELLO MI	3B. DATE SIGNED 8/9/71						
	23C, PHYSICIAN'S NAME (Type)	DEDREE Phys.	D. ADDRESS	Staff Phys.				
	Robert E. Belliveau, Surg	geon (R)	US PHS Hospi	tal, Balto, 1	Md.			
24/		ME of CEMETERY OF CREA			town, or county) (Stote) and Creenty Mch.			

VS 150-REV. 1/1/68

25C, FUNERAL DIRECTOR

(6) K-	220	BALTI	MORE CITY	HEALTH DEPARTM	ENT		
BIRTH NO.		87 CER	TIFICA	TE OF DEA	TH REG. NO	71_	7487
Type or Print		KUS			ATE AND HOUR OF DEA	ATH	
	IMORE, MARYLAND, WHE		)	4. USUAL RESIDENC		If institution	residence before odmission
FULL NAME OF HOSPITAL OR		OR INSTITUTION, GIVE		A. STATE B. TM. ARYLING	U)	INSIDE CITY	2844
	TRY HOSPITA			BALTIM E. STREET AND NUM	ORE	YES	-
	MORE , MAG	24 LAND		1008 K	EVIN ROAD		
M	WW	MARRIED NEVER MA	ORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Und Months	et 1 Yr. If Under 24 His. Doys Hours Min.
done during most of w	PATION (Give kind of work 108 orking life, even if retired)	Retired	INDUSTRY	11. BIRTHPLACE (Stole		12. CI1	TIZEN OF WHAT COUNTRY
13. FATHER'S NAM	IE O			14. MOTHER'S MAID			2 111
& EURGE	KACICUS			ANNIE			
5. Was Deceased	Ever in U. S. Armed Forces?		No	17. INFORMANT			ADDRESS 03.000
	, g	SECURITY		Mrg. Many D	ackus, 1008 K	arrin Da	21229
1B. 700	0./1		OF DEATH	tus. rary n	ackus, 1000 h	evin m	APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIRECT	TLY		2			BETWEEN ONSET AND DEATH
	EADING TO DEATH t meen the made of dyi		EDIATE CAU		ORIA		INCEK
heart failure, a	sthenia, etc. It means the dicotion which coused dea	disease.		consequence of:	m A		
	NTECEDENT CAUSES	1	Cymi	priosarco			( water
	CONDITIONS, if any,	giving DUE	IO. OR AS	A CONSEQUENCE OF:	t JACCON	? <i>F</i>	6 MONUY)
rise to the	obove couse (A) slo	ling the					
	11	(0/					
F TO THE DEATH	ANT CONDITIONS CONTRIBUTIONS TO THE TENDERS OF THE	RMINAL		<b>244040</b> 00000000000000000000000000000000			
U 19A DATE OF	BINEMO 1/30	ON FOR WHICH OPERAT	119NSAR	20A. AUTOPSY? (You	or No. 208, IF YES, WE	RE FINDINGS CAUSES OF	CONSIDERED DEATH?
13 21A ACCIDENT		21B PLACE OF IN.		or obout 21 C. WHERE			re exoct location)
DEATH (notify n	ING CAUSE OF	home, form, foctory	, street, off	ice bldg., INJURY OCC	U R?	more City, giv	A exoct locotion!
OF INJURY	Month) (Doy) (Year) (H	oud 21E INJURY OCC	URRED	21F. HOW D	D INJURY OCCUR?		
(APPROXI		While AI	Not While At Work				
22. Certify t	hat (1) () his hospital) at	1		July 26	10 7/	ATIG	8 7/
	ast sow the deceased al		8	19. 7/	and that In (my) (aux)	ntnian daa	th occurred on the dote
	from the couses stated a		did not) vi		and that in (my) (abr) a	apinian deo	in occurred on the dots
23A SIGNATUR	11 1.00		101, 11	ow the body offer di	ruin.	238, DA1	IE SIGNED
Attending Med. Staff X							
23C. PHYSICIAN NAME (Typ	S e)		EGREE	D. ADDRESS	111/35/	0/	0/ //
	WALT WHIT	MAN Mi	DECOM	UNIVERSITY	1 HOSPITA	1	
REMOVAL (Sp.	ATION, 248. DATE	24C. NAME of CEMEN	ERY of CREA	MATORY	D. LOCATION	(City, town, o	or county) (Stote)
Cremation	0/0/07	Loudon Parl	k Crema	atory	Baltimore,	Marylar	nd
25A. DATE RECO.		NAME OF BEGISTRAR	50.	25C. FUNERAL DIR	CTOR		ADDRESS
يعو د	- TA 1961 A00	en a derbent	54	Waitzke, 440	Ol Edmondson	Av.,Bal	to., Md. 21229
/S 150-REV. 1/1/68							



IMPORTAN

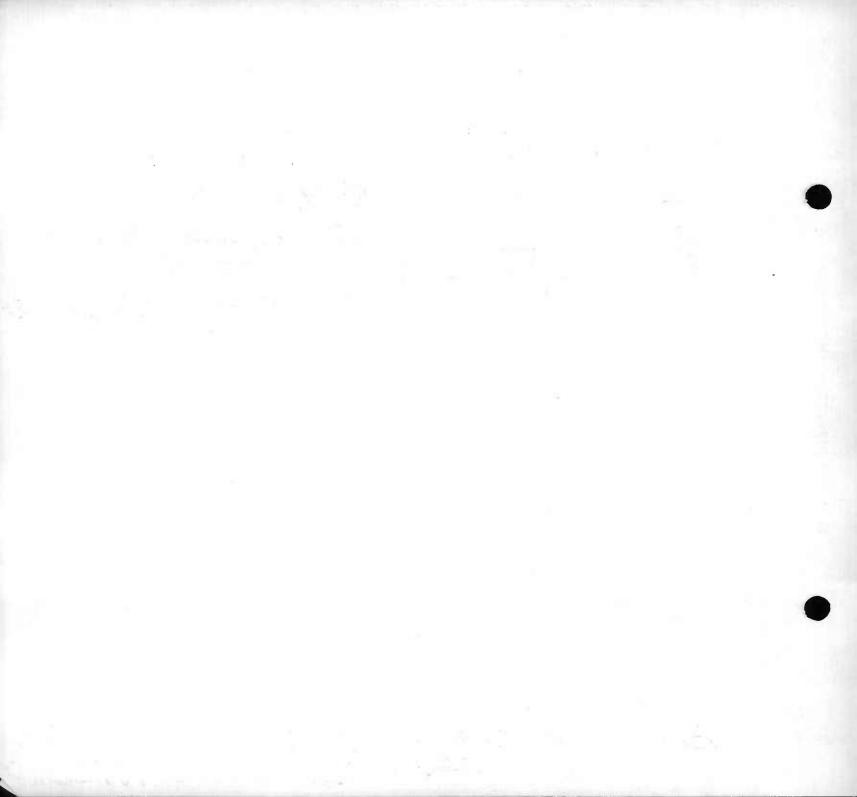
DIRECTOR:

FUNERAL

NO

Il Under 24 His.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

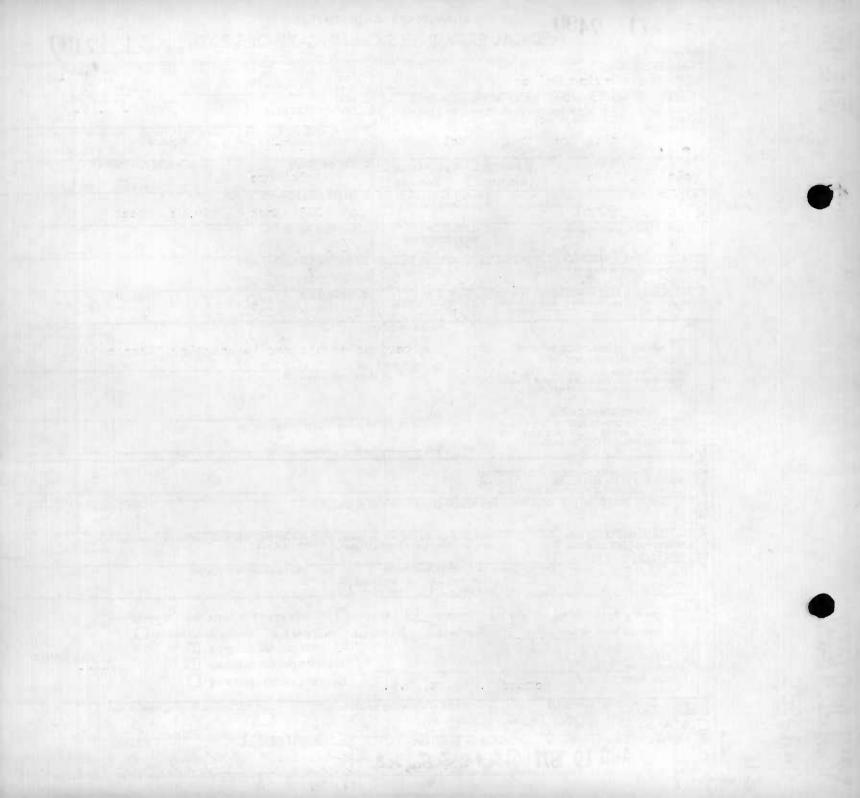


IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES X No [ if Under 1 Tr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Baltimare City, give exact lacation) 23 B. DATE SIGNED 4508 Harford Rd. Baltimore, (City, town, or county) Saranac, New York ADDRESS EdwardoS. MacNabb 301 Frederick Rd. Cateneville Md. 21228

And the second of the second o A STATE OF THE STA A STATE OF THE STA



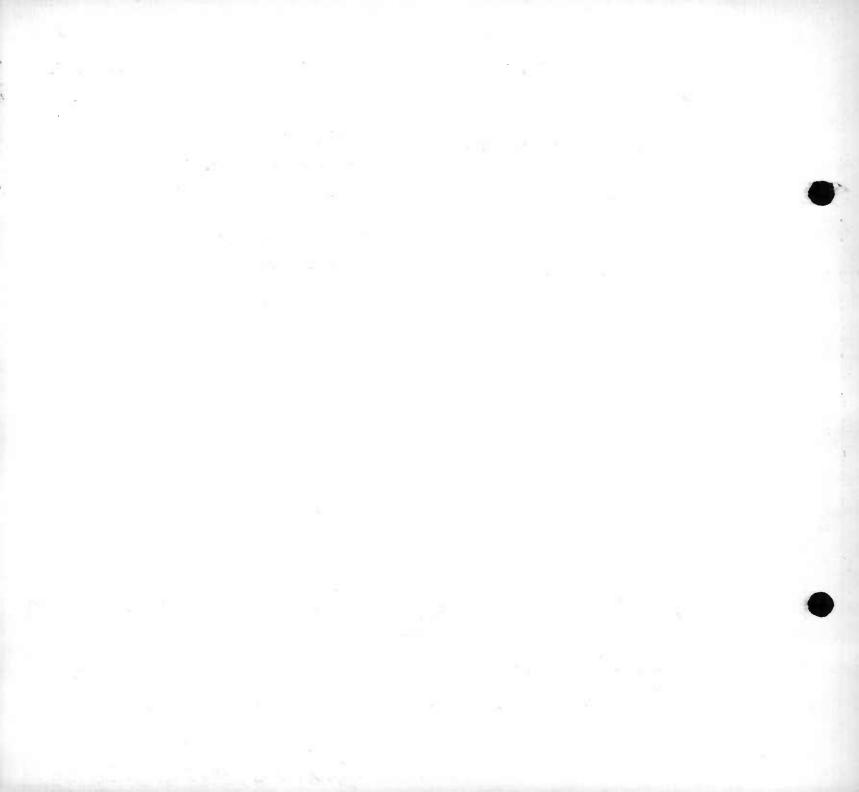
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P 18-0	1 1

## BALTIMORE CITY HEALTH DEPARTMENT

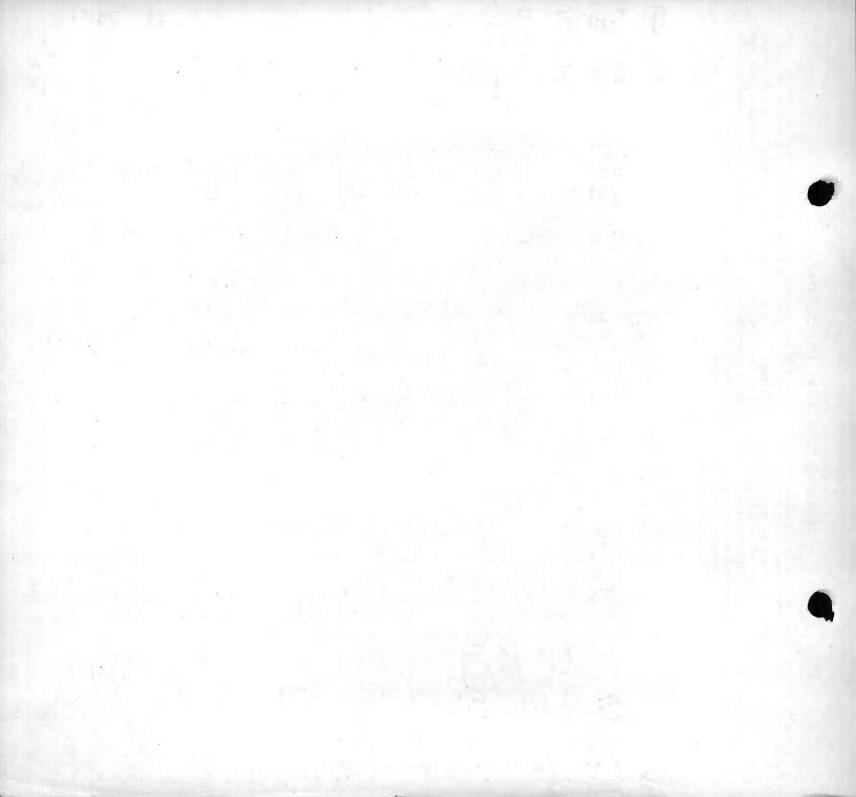
R	EG.	NO.	171	17/	191

BIRTH NO.	7401		CERTIFICA	TE OF	DEATH	REG. NO.	71 "	7491	
1. NAME OF DE	CEASED				2. DATE A	ND HOUR OF DEAT	Н		
	BOARDL:	EY. Cl	arence		8/	9/71	1	6:37 a.	
3. PLACE IN BA	LTIMORE MARYLAND, V	HERE PRON	OUNCED DEAD	4. USUAL R	ESIDENCE (Whe	ere deceased lived. If	institution: r	osidence before odmi	ssion)
FULL NAME OF	HOSPITAL OR ADDRESS OF LOCATIONS					VIY		1002	
INSTITUTION"				C. CITY OR	OWN	D. IN	SIDE CITY L	IMITS?	
The Joh	ns Hopkins	Hospi	tal	Bald E. STREET A	ND NUMBER		YES 🔀	но 🗌	
				102	7 McAle	er Ct.			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF	BIRTH	9. AGE (In years	If Unde	r 1 Yr. , Il Under 24	Hrs.
Male	Negro	WIDOWE		8/22/		. 63	Months	Doys Hours M	Λin₀
10A, USUAL OCC	UPATION (Give kind of world working life feven if retired)	10B, KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (Stote at fore	ign country)	12. CITI	ZEN OF WHAT COU	NTRY
Joile during most of	Working the seven it feliled)			mad	1	200 1	/	100	
3. FATHER'S NA	ME			//IL	emure	- Muc	1	SK	
), /	14 0	11			'S MAIDEN NA	ME			
_ Nal	the Boar	dla	/	Ida	Kellum				
5. Was Deceased	d Ever In U. S. Anned For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMA	NT		-	ADDRESS	
	270	5 0. 50.700		ma.	· M	11	1		
18.			2/2 - 10 + 307 CAUSE OF DEATH	00101	U. B	ardly	200	use	
1 4/1	SE OR CONDITION DI	RECTLY	CAUSE OF BEAT		ISTORY		1	APPROXIMATE INTER	VAL DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	er Ak	SCVD	with		UNKNOW	ALV
(This does i	nol mean the mode of asthenia, etc. If meons	dying, e.g.		CONSEQUEN	ICE OF:			ONLIGO	001
injury or can	nplicolian which coused	deoth.)	A	VGINA	Pecto	DRIS			
	ANTECEDENT CAUSES		7.4.7	3 - 11317	,				
DISEASES	OR CONDITIONS, if	omo stotas	DUE TO, OR AS	A CONFERNIE					***
rise to th	e obove couse (A)	stoling the	) DOE 10, OK A3	A CONSEQUE	NCE OF:				
UNDERLYIN	G CONDITION lost.		(c)	**********					
	- 11								
	ICANT CONDITIONS CO	TRIBUTING							
DISEASE OR C	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	[ [ (A).	******************			**************			
DISEASE OF CO	OPERATION 19B CON	DITION FOR	WHICH OPERATION	20A. AUTO	PSY? (Yes or No	10 CERTIFYING CA	FINDINGS	CONSIDERED	
				N	Io .	IN CERTIFYING CA	AUSES OF D	DEATH?	
OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF	211 hor	B. PLACE OF INJURY (e.g., in me, form, foctory, street, off	ar obout 21 C.	WHERE DID	(If to Boltimo	re City, give	e exact location)	
U j	(Month) (Dayl (Year)	(Hour) 21E							
OF INJURY	THOMAS (DOYS (1808)		INJURY OCCURRED		HOW DID INJ	URY OCCUR?			
IAPPROX.)		W	hile At   Not While						
22. I certify	that (this hospital	ottended t	the deceased from	8/	7 1	97/to	0/0	2 10 7	/
	lost saw the decease			10 17			- to t	19.2	
-					ond the	in ( con.) ob	Inion deoti	h occurred on the	date
23A. SIGNATU	o from the couses stot	ed obove. t	(We) (did) (dang) vi	ew the body	after deoth.				
1000	/	12	400	4.			23B, DATE	E SIGNED	
fell	1 CANCO	roll	MAN DEGREE Phys.	ding	Med. Director	Staff Phys.	1 8	8/10/71	
23C/PHYSICIA	ypel			D. ADDRESS				, _ ,	
J	erry L. Sp	ivak,	M.D.	The Jo	hns Hor	kins Hos	pital		
4A. BURIAL CRE	MATION, 24B. DATE		AME of CEMETERY OF CREA				ity, town, or	countyl / (Stot	el
Burn	L H-13-17	16	whites (	ml		Whites	. , ,	mel	-1
	BY HEALTH DEPT.	258 NAME	OF THE REAR ACD	25C. FUNE	RAL DIRECTOR			ADDRESS	
. A1	UG 1 0 <b>1971</b> U	COCCO MA	may & Callenner in	A	. de la	12001 2		11	



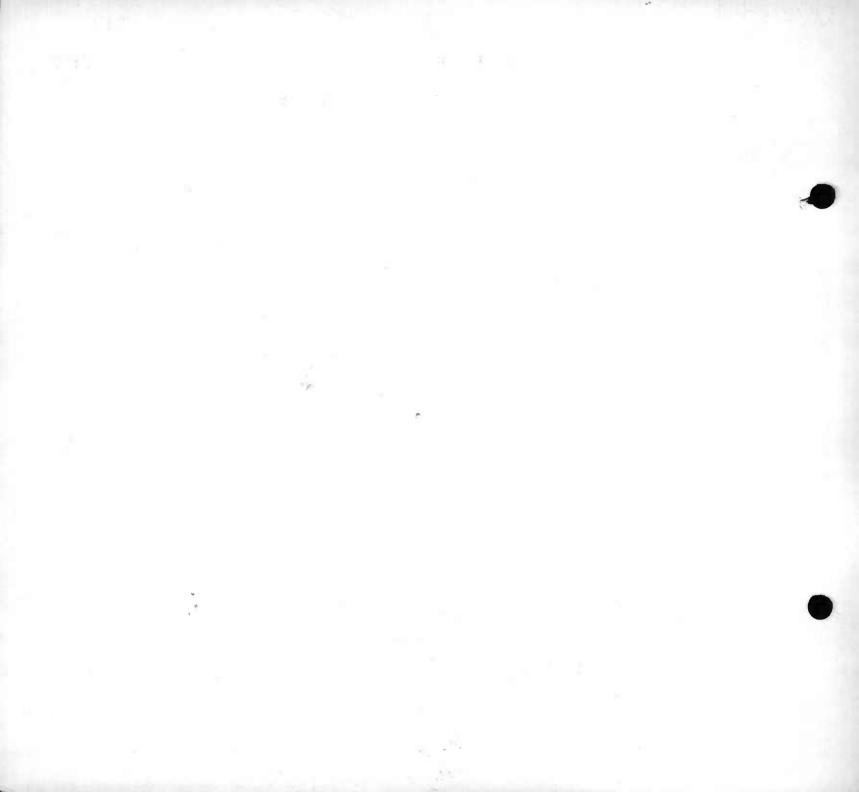
C 5.1 6	BALTIMORE CITY HEALT			12
BIRTH NO. 1 7492	CERTIFICATE C		REG. NO.	7492
Type or Pant Am bon Mas.	(MI)	2. DATE AND	HOUR OF DEATH	'n
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD 4. USU	JAL RESIDENCE (Where	deceased lived. If insti	tution: residence before add
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	MARYLAND		80
32 THE JOHNS HOPKINS HOS	SPITAL B	ALTIMORE		ES NO
BALTIMORE, MD. 21205		EET AND NUMBER	RTH STREET	•
WIDOWED	DIVORCED	1 07 22	ost birthdoy)	If Under 1 Yr. If Under Months Days Hours
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRT	THPLACE (State or loraign	n country)	12. CITIZEN OF WHAT CO
13. FATHER'S NAME	14 MO	THER'S MAIDEN NAM	mee	MSA
JOHN WEST	in Mo		KEENE	
15. Was Doceased Ever in U. S. Armed Forces? (Yes, no or unknown) life yes, give wor or dates of services	6. SOCIAL SECURITY NO.	DRMANT	11	ADDRESS
18, 1/10	218-26-13457	Comme I	Blit 227	Tenuch
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INT
LEADING TO DEATH	(A) IMMEDIATE CAUSE	itroundbal	blead	15h
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A CONSE	QUENCE OF:		15 la Most of ba
injury or complication which caused deeth.)  ANTECEDENT CAUSES			0 0	hosed or
DISEASES OR CONDITIONS, if ony, giving	(B) Haysandan	EQUENCE OF	- when die	ue life
rise to the above cause (A) stating the UNDERLYING CONDITION lost.		LEGUENCE OI:		
II	(C)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)				
DISEASE OR CONDITION GIVEN IN PART 1 (A),  19A-DATE OF OPERATION 19B CONDITION FOR W.	VICH OFFRATION 1004	A LINE DOWN IV		
WAS PERFORMED	ICH OFEKATION 20A.	111-	20 B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	LACE OF INJURY (e.g., in or about form, factory, street, office bldg.,	NO 121C. WHERE DID	(If In Bollimare C	illy, give exoci locoilon)
S DEATH (notily medical examiner)	round incinity succe ource order	JIIIJUKI UCCUK!		
	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	At Work			
22. I certify that (1) (this haspital) ottended the	The state of the s		71 to 8 -	8 19
that (1) (we) last saw the deceased alive an	8-8 19		in (my) (our) opinio	n death occurred an th
ond hour and fram the couses stated above. (1)	(We) (did) (did nat) view the	body after deoth.		
John a Nesbett,	Attending -	Med. Sh	off 23	8. DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys. 23D. ADD		ys. 4	8-8-71
NAME (Type)				
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	M.D. GEGREE THE	JOHNS HOL	PKINS HOSP	
BUNGER & POIL	litura On		le le A	lown, or county) (S
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR 2500	FUNERAL DIRECTOR	meus	ADDRESS
AUG 10 1971 Pale 8 2 326		ruselson	orBran	
150-REV, 1/1/68		- 17		7,00

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VS 150-REV. 1/1/68

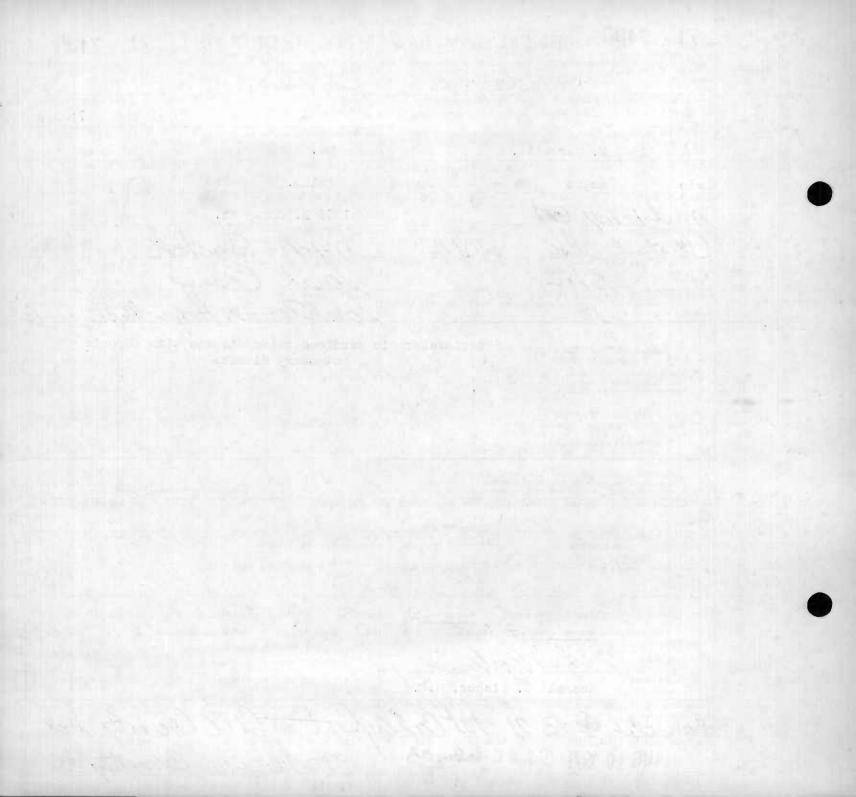
V 425	71 7495  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF PERMS 71 7495						
and eath ased the Such	BIRTH NO. WILLIAM AND CERTIFICATE OF DEATH						
- 0 0 5	1. NAME OF DECEASED (Type or Pant)  ANNA WILSON  2. DATE AND HOUR OF DEATH  (1) 1. OF DECEASED  (Type or Pant)  (Type or Pant)						
hospitelse of (5) Degance death	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissi	M					
cause of use; (5) Dec endance o to death.	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  MARY LAND  MARY LAND						
prior to	22 fohow Wopking Worpital Balto YES NO						
	E. STREET AND NUMBER  Balto, md.						
	5. SEX 6. RACE 7. MARRIED LACEVED MARRIED 1 8. DATE OF RIPTH / 19. AGE/II.	112.					
	Fermale Man WIDOWED DIVORCED WILL I lost birthdoy) 68 Monihs Doys Hours Min.						
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNT	RY?					
ĺ	Morrowge Mariolemas 11 SA						
l	13. FATHER'S NAME						
l	John Henry Wilson						
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT ADDRESS	_					
l	m 214-24-542 norman & 118- 2 200 - 24	11					
ľ	18. CAUSE OF DEATH	1					
l	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH	TH					
l	(This does not mean the mode of dying e.g. (A) IMMEDIATE CAUSE WALLE TO THESE						
l	heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)						
ļ	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, il any, giving  DUE TO, OR AS A CONSEQUENCE OF:						
	underlying condition last. (c) doute and throng Renal failing 2 yr						
		_					
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
	G DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
E	OR CONTRIBUTION CITY OF INJURY (See an Or ON) INJURY (See and Income)	_					
	DEATH (notify medical examiner)						
	DEATH (notify medical examiner)    Cause of the contribution of th	_					
	While Al Work At Work						
	22. I certify that M (this hospital) attended the deceased from 7/29 197/ ta 8/8 197/						
	that M (we) last saw the deceased alive on 8/8 19 7/ and that In (any) (aur) apinion deoth occurred on the da	-					
	and haur and from the causes stated above. W (We) (did) (did not) view the body after death.						
	23A. SIGNATURE	-					
	Attending   Med. Shoff   8/8/71						
	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	-					
ļ	Rohde, W. Molone 601 N. Broadway, Bulling	0					
1	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (State)						
	Asurial 8-1271 net Cahay Con UCI (Dunti) mex						
4	AUG 10 1971 Pober E. Jaiber M. D. 250 FUNERAL DIRECTOR AODRESS	-					
L	5 150 PEV 1/1/4						



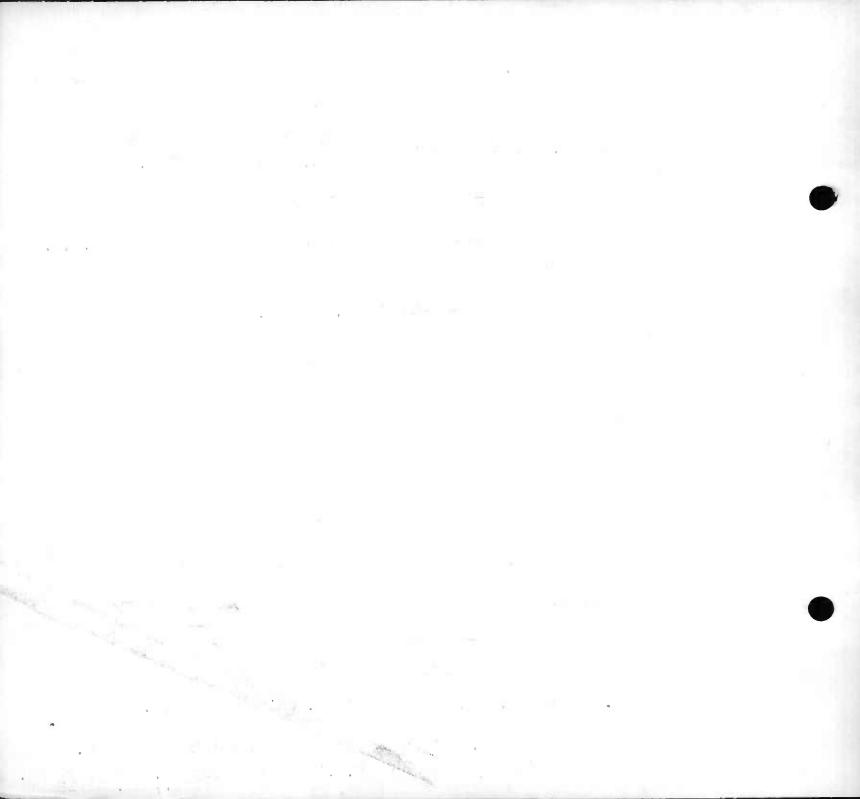
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## BALTIMORE CITY HEALTH DEPARTMENT

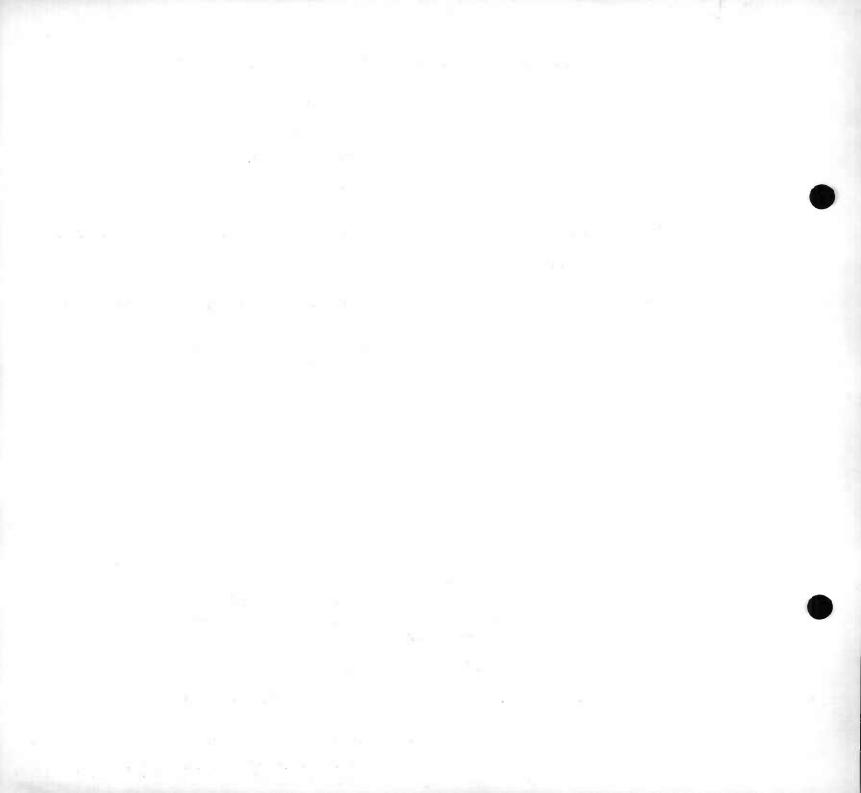
71	7496	MED	ICAL	EXAMINER'S			OF DEA	TH REG. NO.	71 '	7496
BIRTH NO.									-	
1. NAME ( Type or Pri	NAME OF DECEASED    Value of Print   CALVIN LEROY PEACOCK					Knawn Estimated	_	Day	Year	Haur M.
4. PLACE I	N BALTIMORE, A	ARYLAND, W	HERE PR	ONOUNCED DEAD	3. DATE		Month	Day	Yeor	Hour
HOSPITAL	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION OR INSTITUTION				UNCED DEAD	0	8	1971	7:55 p <sub>M.</sub>	
00		. Carey	St.		A CTATE	id.	vnere decedsed	B. COUNTY	: residence t	602
6. SEX	7. RACE		B. MARR	ED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?	112-2-4-11
male	ne	egro	WIDOW		F	alto.		V	ES X	мо П
9. DATE O		10. AGE (In		If Under 1 Yr. If Under 24 Hrs.			P	11	:2 [_]	NO L
max	cly8 43	last high		Manths, Doys , Haurs , Min.			rey St.			
11. BIRTHPL	ACE(State or fore	eign cauntry)		12. CITIZEN OF WHAT COUNTRY?	13. EATHER	SNAME	Pon	- hele		
14A USUAL	OCCUPATION	ive kind of work	14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN	NAME-	COURC		
dane during r	mast of working life	en fretired)			1	inh	Cass	mo		
16. WAS DI	ECEASED EVER II	N U.S. ARMED	FORCES	? 17. SOCIAL	18. INFOR	MANE	1	77 AI	DDRESS	
	nknown) (If yes, giv				Lan	4. Pen	inte,	Arreno	2418	Doca & To
19. //	104	V (/		CAUSE OF DEA	TH	- Jane	ana ·	8		PPROXIMATE INTERVAL
17				Arterioscleroti	c cardi	lovascu1	ar dise	ase with	chron	ic
1	DISEASE OR CON LEADING		CILY -	(A)IMMEDIATE						
(This	daes not mean th		Ing. e.g.	(A)IMMEDIATE	AS A CONSEC	MENCE OF	arbease			
heart	failure, asthenia, e y ar camplication w	etc. It means the	disease,	DUE 10, OK	AS A CONSEC	WENCE OF:				
injur	y ar camplication w	nich causea dea	iin.)							
	ANTECEDEN	IT CAUSES		(B)					-	
DISE	ASES OR CONDI	TIONS, IF ANY	, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				Description of the second seco
UND	TO THE ABOVE O	ITION LAST.	ING THE							
2				(c)						
E OTHE	ER SIGNIFICANT C	ONDITIONS CO	THERMAN	ING						
O TO T	HE DEATH BUT NO	OT RELATED TO	THE TERMI							
DISE	ASE OR CONDITIO			CONTROL OPERATION IN	AC DEDECOR	4FD			In AUTO	OPSY? (Yes or No)
W ZUA. D	ATE OF OPERATIO	JN  208. CON	MINON	FOR WHICH OPERATION W	AS PERFORM	VED				16245 (Les ot 140)
									no	
	EXTERNAL CAUS RLYING OR CO CAUSE OF D	NTRIB-		22B. PLACE OF INJURY(e.g. home, farm, foctary, street, offi				ore City, give exc	ct location)	
		(Day) (Year	) (Haur	) 22E.INJURY OCCURRED		22F. HOW DI	INJURY OC	CUR?		
OF INJ					WHILE					
23.	)^. j			m. WORK AT	WORK L					
23.	I certify that I	hald as 1		Inspection 🛭 A		and show	an shin banin		!-!	
					tapsy 📙			, death in my		
	resulted fram:	Natural cou	ses X	Accident Suici		amicide 🔲		nined manner l		
		7	2-/	1		CHIEF MEDIC	AL EXAMINER	k L3		DATE SIGNED
	CTUAL GNATURE	101	1/1/	Mren M.	ASS	ISTANT MEDIC	CAL EXAMINER			DATE STOTED
	VAAAIBIEDIC		7 - 1			CIATE MEDIC	CAL EXAMINER			10/71
N	IAME (Type)		S. F	isher, M.D.						3/9/71
24A. BURIA REMOVAL	(Specify)	24B. DATE	- 5	24C. NAME of CEMETERY	or CREMAT	ORY	24D. LOCATIO	N (City, taw	n, ar county	) (State)
A +111	1501	4-13	-71	MITION	ul bi	/	7/1/	101	11/1	mex
25A. DATE	REC'D BY HEALT	H DEPT.	25B. N	AME OF REGISTRAR	1250	FUNERAL DIF	RECTOR		ADDRESS	10
2011. 07.11		1071	RAI	C. Jaber Ma.	1 16	0 /	1	12	-	2 /.
	AUG 10	1971 04	reap c		X	DUKLE	20re/10	W 200	melle	ype
VS 151-REV.	. 1/1/6B	1	1	1 14	7 0	6]			7	



VS 150-REV- 1446B



C 4,53	7498		HEALTH DEPARTMENT	REG. NO	71 7498		
1. NAME OF DECEA	ASED	iam W. Clenda	2. DATE	AND HOUR OF DEATH	1		
3 PLACE IN BALTI	MORE MARYLAND, WHERE PRO				8.15 AM		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)  Delverne Aven	STITUTION, GIVE STREET	Maryland c. CITY OR TOWN Baltimore E. STREET AND NUMBER	D. IN	Institution: residence before admission)  SIDE CITY LIMITS?  YES *** NO		
			3713 Delve	rne Avenue			
M	VV WIDOV		11-20-1892	9. AGE (in years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
IOA. USUAL OCCUP	ATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WHAT COUNTRY		
Captain	rking life, even if retired)   Merchant !	Marines	Middletown		U.S.A.		
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN N	IAME			
	ove Clendaniel		Laura W	/atts			
15. Was Deceased E	ver in U. S. Armed Forces? I yes, give war or dotes of servi	1 6. SOCIAL	17. INFORMANT		ADDRESS		
Mercha	ant Marines	217-14-3053	A Mrs. Will	iam W. Cle	endaniel Same		
(This does not heart failure, os injury or complete the Universal of the U	NGI I CAUSE OF	ing (B)	or obout 21C, WHERE DID	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
OF INJURY		21E INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?			
< (APPROX)		While Al Not While Wark Al Work	0				
22. I certify th	22. I certify that (I) (this hospital) attended the deceased from SIANS 1935 to AUG 8 1971						
	st sow the deceased olive o		19.7/ and	that in (my) fame and	inion deoth occurred on the date		
	om the causes stated above		In the halve to the	in tin tin tin tin tin tin tin tin tin t	imon decin occurred on the date		
23A. SIGNATURE	Ther W. De		nding Med.	Staff Phys.	238, DATE SIGNED  AVG. 9, 1971		
23C. PHYSICIAN	Dr. John M	. Scott	3D. ADDRESS 600 W	. Belvedere	Avenue		
24A. BURIAL CREMA REMOVAL (Spe	ATION, 24B, DATE 24C	NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)		
Burial	8-10-1971	Sudlersville (		udlersville,			
	1971 Valent E. MAN	SEL MAN	25C. FUNERAL DIRECTO	kins & Son	Co., Md. 21212		
VS 150-REV. 1/1/68							



VS 150-REV. 1/1/68

4-223			BALTIMORE CITY	HEALTH DEPARTMENT	1-9.	4 191400
BIRTH NO.	71 7499		CERTIFICA	TE OF DEATH	REG. NO.	1. '7499
I. NAME OF DE					NO HOUR OF DEATH	
(Type or Print)	OCUST, NO	INNIE	STERL	ing 8	HOUR OF DEATH	135
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONOUNC	CED DEAD	4. VSUAL RESIDENCE (WI	nere deceased lived. It in:	stitution: tesidence before admission
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTIO	ON, GIVE STREET	MARY/4nd	D INISI	DE CITY LIMITS?
6/00	the Obal	e Gen	ItOSP	Balto.	D. INGSI	YES NO
4	7	(,	/ .	E. STREET AND NUMBER	Smally	ush St.
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veors	Il Under 1 Yr., Il Under 24 Hrs. Months; Days Hours Min.
7	C	WIDOWED	DIVORCED	2/25/25	lost birthdoy	Months Days Hours Min.
done during most of	CUPATION (Give kind of wo if working life, even it retired)	rk 108. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stota or lo	reign country!	12 CITIZEN OF WHAT COUNTRY
Jeac	her			Inginia		u.s.
13. FATHER'S NA	AME /	D	1	14. MOTHER'S MAIDEN N.	AME /	
_	John	Jacu	st	Helen	Keing	
5. Was Deceose Yes, no or unknow	d Ever in U. S. Armed Fo	orces? 16.	SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
	1	2	17-20-5988	John Jo	cust	Same
18. / 6	2,/1		CAUSE OF DEATH		00.00	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION D					BETWEEN ONSET AND DEATH
(This does	LEADING TO DEATH		(A) IMMEDIATE CAU	SE letyliseta	Self assign	8
heart failure	, asthenia, etc. It mean mplication which cause	s the disease.	DUE 10, OR AS	A CONSEQUENCE OF:	1	
1.1(01) 01 00	ANTECEDENT CAUSE		60000	lien or Ch	1/ E zwelo	es to
DISEASES	OR CONDITIONS, il		(B) DUE TO, OR AS	A CONSEQUENCE OF:	72.9	219
rise lo I	ne abave cause (A)	sloling the	. ef 3.			
ONDEREN	11		(C)			
OTHER SIGNI	II FICANT CONDITIONS CO TH BUT NOT RELATED TO	ONTRIBUTING				
DISEASE OR	CONDITION GIVEN IN PA	RT 1 (A).	CH OPERATION	120A AUTODOV2 (Va. a. b.	[a] 200 IF Yes West	
	WAS PE	RFORMED	CH OPERATION	20A. AUTOPSY? (Yes at N	IN CERTIFYING CAU	NDINGS CONSIDERED ISES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING [ UTING ] CAUSE OF y madicol exomined	218, PLA home, f	CE OF INJURY (e.g., in orm, foctory, street, of	or obout 21 C. WHERE DID isca bidg., INJURY OCCUR?	(If In Boltimora	City, give exoct locotion)
21D. TIME	(Month) (Doyl (Year)	(Haur) 21E, INJ	URY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
€ (A PPROX.)		While A	Not While			
22. I certif	y that (I) (this hospita	I) attended the d		July 30	19 7 / to C	acust 6 1971
	) last saw the deceas		Cureust C	2 19 7) and t	hat In(my) (our) apin	low death accurred on the date
and have as	d from the causes sta	ited above. (I) (W	(e) (did) (did nat) v	ew the bady after death.		
23A. SIGNAT	URE		4.2			23B, DATE SIGNED
23C. PHYSIC	Vekinof fac	aj cien	DEGREE Phys	Iding Med. Director Director	Staff Phys.	aug. 6, 1971
23C. PHYSICI	Typel D DA	10011 10	ALL H.D	Many man	015000	57115
24A. BURIAL CR	EMATION, 24B. DATE	24C, NAME	DEGREE	MATORY 24D.	LOCATION (City	y town, or county) (Stoff)
Bus	el 8/10/	71 ach	A con	m. St. B	alternas	e mo.
25A. DATE REC'I	UG 10 1971	h .	EGISTRAR	250 FUNERAL DIRECTO	R / DI all a	ADDRESS
,-	IUG 10 1971	laber E. J.	aben M.B.	Muluana	and shilled	1727n. Moure

trader thank Hele Ming hing

Enis 2. 8/10/71 (Whates Mine. It Extended

all the contract of the property of the state of

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be cathe body was released the body was released the shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be

4325 BALTIMORE CIT	TY HEALTH DEPARTMENT
	ATE OF DEATH REG. No. 1 7500
1. NAME OF DECEASED (Type or Print) A DIDIC ON A I F A ST	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
	A. STATE B. COUNTY  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR YOWN D. INSIDE CITY LIMITS?
Montebello stea dospilas	Saltimare YES NOT
Bultimore, md. 2121p	3406 Rogers aue.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr., If Under 24 Hrs., Months; Days Hours; Min.
WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	10-10-11 49
done during most of working life, even if retired)	12. CHIZEN OF WHA! COUNTRY
13. FATHER'S NAME	Bactimare, M. Gr. S.
GZORGZ B. DOUGLAS	Jaselline, Rom
15. Wes Deceased Ever in U. S. Armed Forces? (Yos. no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	12 NFORMANT ADDRESS
3533.11 (10)	George Agualas, 2304m feliste
18. CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	ichoquic co-of-laft lung 11 10
	A CONSEQUENCE OF:
injury or complication which caused deeth.)  ANTECEDENT CAUSES	from the set of the set of
(8)	A CONSEQUENCE OF:
inse la the abave cause (A) stating the	NA GOUSEGOENCE OF
11	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED THE CONDITION OF THE PROPERTY OF THE P	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  U 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	/ 20A-AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED
	IN CERTIFTING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in the contributing Cause of DEATH (notify modical exemined)	n or obout 21 C. WHERE DID (ii In Boltimore City, give exact location)
O 21D-TIME (Massh) (Day) (V) (U) (U)	
S   OF INJURY   While At   Not While	21F. HOW DID INJURY OCCUR?
22. I certify that (f) (this hospital) attended the deceased from	
that (I) (we) last saw the deceased alive an	19 7 and that in(my) (aur) apinian death occurred on the date
and have and from the causes stated above. (1) (We) (did) (did not) v	lew the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
GEGREE Phys	nding Med. Stoff Director Phys. B 8-5-7/
KIAO-SIONG TAN M.D.	Hatral Strate
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24Dy-LOCATION (City town, or county) (Stoke)
Burial 8/9/7/ Mt. Cubu	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
VS 160 PEV 10/16	1 allang as of Alllife 172711. I Pourals

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